



Santa Clara Family
Health Plan™

DUALCONNECT

(HMO D-SNP) A Medicare Medi-Cal Plan

Member Handbook 2023

Customer Service: **1-877-723-4795**

TTY: **711**

7 days a week, 8 a.m. to 8 p.m. The call is free.

www.scfhp.com/dualconnect

H4045_23001E_C Accepted



THIS PAGE INTENTIONALLY LEFT BLANK

Santa Clara Family Health Plan Dual Connect (HMO D-SNP) *Member Handbook*

January 1, 2023 – December 31, 2023

Your Health and Drug Coverage under Santa Clara Family Health Plan DualConnect (HMO D-SNP), a Medicare Medi-Cal Plan (SCFHP DualConnect)

Member Handbook Introduction

This *Member Handbook*, otherwise known as the *Evidence of Coverage*, tells you about your coverage under our plan through December 31, 2023. It explains health care services, behavioral health (mental health and substance use disorder) services, prescription drug coverage, and long-term services and supports. Long-term services and supports help you stay at home instead of going to a nursing home or hospital. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

This is an important legal document. Keep it in a safe place.

When this *Member Handbook* says “we,” “us,” “our,” or “our plan,” it means SCFHP DualConnect.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free.

Español (Spanish): ATENCIÓN: Si habla español, los servicios de asistencia con el idioma están disponibles para usted sin cargo. Llame gratis a Servicio al cliente al 1-877-723-4795 (TTY: 711), los 7 días de la semana, de 8 a. m. a 8 p.m.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi đến Phòng Dịch Vụ Khách Hàng theo số 1-877-723-4795 (TTY: 711). Chúng tôi làm việc 7 ngày mỗi tuần, từ 8 giờ sáng đến 8 giờ tối. Cuộc gọi được miễn phí.

中文 (Chinese) : 注意 : 如果您会说中文 , 您可以获取免费的语言协助服务 。 请致电 1-877-723-4795 (TTY: 711) 与客户服务处联系 , 服务时间为一周 7 天从上午 8 点至晚上 8 点 。 通话均免费 。

Tagalog (Tagalog): ATENSIYON: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga serbisyo sa tulong sa wika nang walang bayad. Tumawag sa Serbisyo para sa Mamimili sa 1-877-723-4795 (TTY: 711), 7 araw sa isang linggo, 8 a.m. hanggang 8 p.m. Libre ang tawag.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

한국어 (Korean): 알림: 한국어 사용자의 경우 언어 지원 서비스가 무료 제공됩니다. 고객 서비스팀에 1-877-723-4795 (TTY: 711)번으로 전화하십시오. 운영 시간은 연중무휴 오전 8 시~오후 8 시이며 통화료는 부과되지 않습니다.

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Չանգահարեք Հաճախորդների սպասարկման բաժին՝ 1-877-723-4795 (TTY՝ 711) հեռախոսահամարով, շաբաթը 7 օր, ժամը՝ 8:00-20:00: Չանգն անվճար է:

Русский (Russian): КОМУ: Если вы говорите на русском, то можете бесплатно воспользоваться услугами переводчика. Звоните на номер службы поддержки 1-877-723-4795 (TTY: 711), 7 дней в неделю, с 8:00 до 20:00. Звонок бесплатный.

توجه: اگر به زبان فارسی تسلط دارید، ارائه خدمات تسهیل زبانی به شما، به صورت رایگان، فارسی (Farsi): روز هفته، از 8 صبح تا 8 ، 7 (TTY: 711) 1-877-723-4795 امکان پذیر است. با خدمات مشتریان به شماره عصر، تماس بگیرید. تماس با این خط رایگان است.

日本語 (Japanese): 日本語話者の方向けに、無料の言語支援サービスを提供しています。カスタマーサービス (1-877-723-4795 (TTY: 711)) まで、週 7 日、午前 8 時 ~ 午後 8 時の間にお電話ください。通話料は無料です。

Ntawv Hmoob (Hmong): NCO NTSOOV: Yog koj hais lus Hmoob, cov kev pab cuam pab txhais lus, tsis suav nqi, muaj pab rau koj. Hu Rau Chaw Pab Cuam Tub Lag Luam tus xov tooj 1-877-723-4795 (TTY: 711), 7 hnuv ntawm ib lub lwm tiam, 8 a.m. txog 8 p.m. Hu dawb.

ਪੰਜਾਬੀ) Punjabi): ਪਿਆਨ ਦਿਓ : ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। ਗਾਹਕ ਸੇਵਾ ਨੂੰ 1-877-723-4795 (TTY: 711) 'ਤੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। ਕਾਲ ਮੁਫਤ ਹੈ।

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل بخدمة العملاء العربية (Arabic): أيام في الأسبوع، من الساعة 8 صباحًا إلى 8 مساءً. المكالمات (TTY: 711) 7، على الرقم 1-877-723-4795 مجانية.

हिंदी) Hindi): ध्यान दें : यदि आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। ग्राहक सेवा को सप्ताह के 7 दिन, सुबह 8 बजे से रात 8 बजे तक 1-877-723-4795 (TTY: 711) पर कॉल करें। कॉल मुफ्त है।

ภาษาไทย) Thai): หมายเหตุ : หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทรติดต่อฝ่ายบริการลูกค้าที่ 1-877-723-4795 (TTY: 711) ได้ 7 วันต่อสัปดาห์ตั้งแต่ 8.00 น . ถึง 20.00 น . โทรได้ฟรี

ខ្មែរ) Khmer): សម្គាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះមានការផ្តល់សេវាបកប្រែជូនដល់អ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅផ្នែកសេវាអតិថិជនតាមលេខ 1-877-723-4795 (TTY: 711), 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 a.m. ដល់ 8 p.m។ ការហៅគឺឥតគិតថ្លៃទេ។

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



SCFHP DualConnect
MEMBER HANDBOOK

ພາສາລາວ) Lao): ໃສ່ໃຈ : ຖ້າທ່ານເວົ້າເປັນພາສາລາວ, ການບໍລິການແບບພາສາ, ບໍ່ມີຄ່າ, ມີພ້ອມໃຫ້ທ່ານ .ໂທຫາບໍລິການລູກຄ້າ ທີ່ເບີໂທ 1-877-723-4795 (TTY: 711), 7 ວັນພາຍໃນອາທິດ, 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ .ໂທພຣີ.

Mien (Mien): COR FIM JANGX LONGX OC: Beiv taux meih gorngv mienh waac nor, qiemx zuqc longc mienh tengx nzie faan waac bun muangx, ninh mbuo se mbenc duqv maaih tengx nzie faan waac jauv-louc bun meih maiv zuqc cuotv nyaanh oc. Korh waac lorx taux goux nzie zuangx mienh nyei domh ze'weic gorn yiem njiec naaiv 1-877-723-4795 (TTY: 711) yietc norm leix baaiz longc duqv benx siec hnoi yietc hnoi bouc dauh longc duqv yiem 8 diemv lungn ndorm mingh taux 8 diemv lungn hmuangz. Naaiv norm douc waac gorn se benx wang-henh longc oc.

Українська (Ukrainian): КОМУ: Якщо ви розмовляєте українською, то можете безкоштовно скористатися послугами перекладача. Телефонуйте на номер служби підтримки: 1-877-723-4795 (TTY: 711), 7 днів на тиждень, із 8:00 до 20:00. Дзвінок безкоштовний.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free.

You can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format. We will keep this information on file for future mailings. You do not need to make a separate request each time. To make or change your request call SCFHP DualConnect Customer Service or send a request in writing to:

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

Table of Contents

Chapter 1: Getting started as a member 7
Chapter 2: Important phone numbers and resources 17
Chapter 3: Using our plan’s coverage for your health care and other covered services..... 42
Chapter 4: Benefits chart..... 61
Chapter 5: Getting your outpatient prescription drugs 117



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Chapter 6: What you pay for your Medicare and Medi-Cal prescription drugs	134
Chapter 7: Asking us to pay a bill you got for covered services or drugs	141
Chapter 8: Your rights and responsibilities	147
Chapter 9: What to do if you have a problem or complaint (coverage decisions, appeals, complaints)	161
Chapter 10: Ending your membership in our plan	212
Chapter 11: Legal notices	220
Chapter 12: Definitions of important words	237

Disclaimers

- Santa Clara Family Health Plan DualConnect is an HMO D-SNP with a Medicare and Medi-Cal contract. Enrollment in DualConnect depends on contract renewal.
- Coverage under SCFHP DualConnect is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.

- **Nondiscrimination Notice**

Discrimination is against the law. SCFHP DualConnect follows State and Federal civil rights laws. SCFHP DualConnect 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 DualConnect 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, other formats)

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SCFHP DualConnect between 8 a.m. to 8 p.m., 7 days a week by calling 1-877-723-4795. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
1-877-723-4795
TTY: 711

HOW TO FILE A GRIEVANCE

If you believe that SCFHP DualConnect 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 SCFHP DualConnect. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact SCFHP DualConnect between 8 a.m. to 8 p.m., 7 days a week Friday by calling 1-877-723-4795. Or, if you cannot hear or speak well, please call 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:

Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119

- **In person:** Visit your doctor's office or SCFHP DualConnect and say you want to file a grievance.
- **Electronically:** Visit SCFHP DualConnect's website at www.scfhp.com/dualconnect.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.
-

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Chapter 1: Getting started as a member

Introduction

This chapter includes information about SCFHP DualConnect (HMO D-SNP), a Medicare Medi-Cal Plan, a health plan that covers all of your Medicare services and coordinates all of your and Medi-Cal services. It also tells you what to expect and what other information you will get from us. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Table of Contents

A. Welcome to our plan	8
B. Information about Medicare and Medi-Cal	8
B1. Medicare.....	8
B2. Medi-Cal	8
C. Advantages of our plan	9
D. Our plan’s service area	10
E. What makes you eligible to be a plan member	10
F. What to expect when you first join our health plan.....	11
G. Your care team and care plan.....	12
G1. Care team.....	12
G2. Care plan.....	12
H. Monthly plan premium.....	12
I. Your <i>Member Handbook</i>	13
J. Other important information you get from us.....	13
J1. Your Plan ID Card	13
J2. Provider and Pharmacy Directory	14
J3. <i>List of Covered Drugs</i>	15
J4. <i>The Explanation of Benefits</i>	15
K. Keeping your membership record up to date	16



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

K1. Privacy of personal health information (PHI) 16

A. Welcome to our plan

Our plan provides Medicare and Medi-Cal services to individuals who are eligible for both programs. Our plan includes doctors, hospitals, pharmacies, providers of long-term services and supports, behavioral health providers, and other providers. We also have care coordinators and care teams to help you manage your providers and services. They all work together to provide the care you need.

SCFHP DualConnect was approved by the State of California and the Centers for Medicare & Medicaid Services (CMS) to provide you services as part of the Medicare Medi-Cal Plans.

Thank you for choosing SCFHP DualConnect. SCFHP is a local, community-based health plan dedicated to creating opportunities for better health and wellness for all. We work with providers and community organizations to ensure our members have access to high-quality health care. We look forward to serving you.

B. Information about Medicare and Medi-Cal

B1. Medicare

Medicare is the federal health insurance program for:

- People 65 years of age or older,
- Some people under age 65 with certain disabilities, and
- People with end-stage renal disease (kidney failure).

B2. Medi-Cal

Medi-Cal is the name of California's Medicaid program. Medi-Cal is run by the state and is paid for by the state and the federal government. Medi-Cal helps people with limited incomes and resources to pay for Long-Term Services and Supports (LTSS) and medical costs. It covers extra services and drugs not covered by Medicare.

Each state decides:

- What counts as income and resources,
- Who is eligible,
- What services are covered, **and**

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- The cost for services.

States can decide how to run their programs, as long as they follow the federal rules.

Medicare and the state of California approved our plan. You can get Medicare and Medi-Cal services through our plan as long as:

- We choose to offer the plan, **and**
- Medicare and the State of California allow us to continue to offer this plan.

Even if our plan stops operating in the future, your eligibility for Medicare and Medi-Cal services is not affected.

C. Advantages of our plan

You will now get all your covered Medicare and Medi-Cal services from our plan, including prescription drugs. **You do not pay extra to join this health plan.**

We help make your Medicare and Medi-Cal benefits work better together and work better for you. Some of the advantages include:

- You can work with us for **all** of your health care needs.
- You have a care team that you help put together. Your care team may include yourself, your caregiver, doctors, nurses, counselors, or other health professionals.
- You have access to a care coordinator. This is a person who works with you, with our plan, and with your care team to help make a care plan.
- You're able to direct your own care with help from your care team and care coordinator.
- Your care team and care coordinator work with you to make a care plan designed to meet **your** health needs. The care team helps coordinate the services you need. For example, this means that your care team makes sure:
 - Your doctors know about all the medicines you take so they can make sure you're taking the right medicines and can reduce any side effects you may have from the medicines.
 - Your test results are shared with all of your doctors and other providers, as appropriate.

New members to DualConnect: In most instances you will be enrolled in DualConnect for your Medicare benefits the 1st day of the month after you request to be enrolled in DualConnect. You may still receive your Medi-Cal services from your previous Medi-Cal health plan for one additional month. After that, you will receive your Medi-Cal services

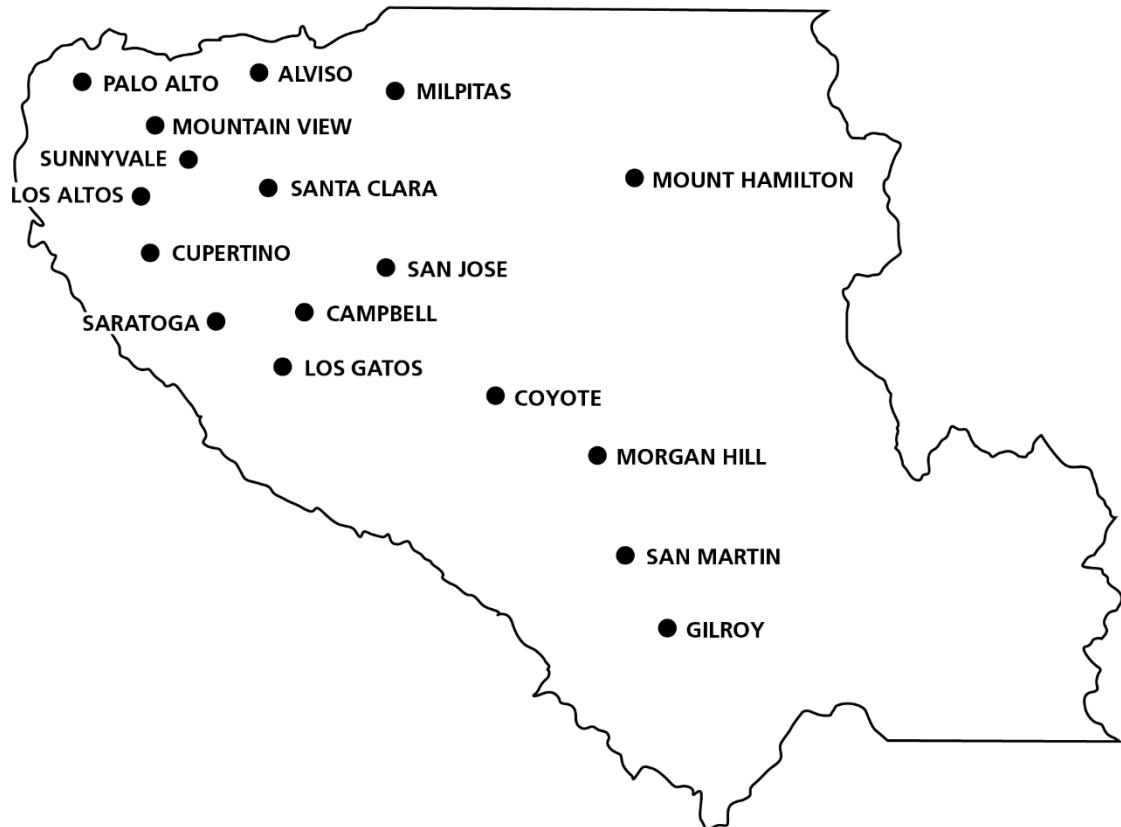


If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

through DualConnect. There will be no gap in your Medi-Cal coverage. Please call us at 1-877-723-4795 (TTY: 711) if you have any questions.

D. Our plan's service area

Our service area is Santa Clara County.



Only people who live in our service area can join our plan.

You cannot stay in our plan if you move outside of our service area. Refer to **Chapter 8** of your *Member Handbook* for more information about the effects of moving out of our service area.

E. What makes you eligible to be a plan member

You are eligible for our plan as long as you:

- Live in our service area (incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.), **and**

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- Are age 21 and older at the time of enrollment, **and**
- Have both Medicare Part A and Medicare Part B, **and**
- Are currently eligible for Medi-Cal, **and**
- Are a United States citizen or are lawfully present in the United States.

Call Customer Service for more information.

Please note: if you lose your eligibility but can reasonably be expected to regain eligibility within 3 months), then you are still eligible for membership in our plan (**Chapter 4, Section A** tells you about coverage and cost sharing during this period, which is called deemed continued eligibility).

F. What to expect when you first join our health plan

When you first join our plan, you get a health risk assessment (HRA) within 90 days before our after your effective enrollment date.

We must complete an HRA for you. This HRA is the basis for developing your care plan. The HRA include questions to identify your medical, LTSS, and behavioral health and functional needs.

We reach out to you to complete the HRA. We can complete the HRA by an in-person visit, telephone call, or mail.

We'll send you more information about this HRA.

If our plan is new for you, you can keep using the doctors you use now for a certain amount of time, if they are not in our network. We call this continuity of care. If they are not in our network, you can keep your current providers and service authorizations at the time you enroll for up to 12 months if all of the following conditions are met:

- You, your representative, or your provider asks us to let you keep using your current provider.
- We establish that you had an existing relationship with a primary or specialty care provider, with some exceptions. When we say “existing relationship,” it means that you saw an out-of-network provider at least once for a non-emergency visit during the 12 months before the date of your initial enrollment in our plan.
 - We determine an existing relationship by reviewing your available health information available or information you give us.
 - We have 30 days to respond to your request. You can ask us to make a faster decision, and we must respond in 15 days.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- You or your provider must show documentation of an existing relationship and agree to certain terms when you make the request.

Note: You can only make this request for services of Durable Medical Equipment (DME), transportation, or other ancillary services not included in our plan. You cannot make this request for providers of DME, transportation or other ancillary providers.

After the continuity of care period ends, you will need to use doctors and other providers in the SCFHP DualConnect network, unless we make an agreement with your out-of-network doctor. A network provider is a provider who works with the health plan. Refer to **Chapter 3** of your *Member Handbook* for more information on getting care.

G. Your care team and care plan

G1. Care team

A care team can help you keep getting the care you need. A care team may include your doctor, a care coordinator, or other health person that you choose.

A care coordinator is a person trained to help you manage the care you need. You get a care coordinator when you enroll in our plan. This person also refers you to other community resources that our plan may not provide and will work with your care team to help coordinate your care. Call us at the numbers at the bottom of the page for more information about your care coordinator and care team.

G2. Care plan

Your care team works with you to make a care plan. A care plan tells you and your doctors what services you need and how to get them. It includes your medical, behavioral health, and LTSS needs.

Your care plan includes:

- Your health care goals.
- A timeline for getting the services you need.

Your care team meets with you after your health risk assessment. They talk with you about services you need. They also tell you about services you may want to think about getting. Your care plan is based on your needs. Your care team works with you to update your care plan at least every year.

H. Monthly plan premium

Our plan has no monthly plan premium.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



I. Your Member Handbook

Your *Member Handbook* is part of our contract with you. This means that we must follow all rules in this document. If you think we've done something that goes against these rules, you may be able to appeal our decision. For information about appeals, refer to **Chapter 9** of your *Member Handbook* or call 1-800-MEDICARE (1-800-633-4227).

You can ask for a *Member Handbook* by calling Customer Service at the numbers at the bottom of the page. You can also refer to the *Member Handbook* on our website at the web address at the bottom of the page or download it.

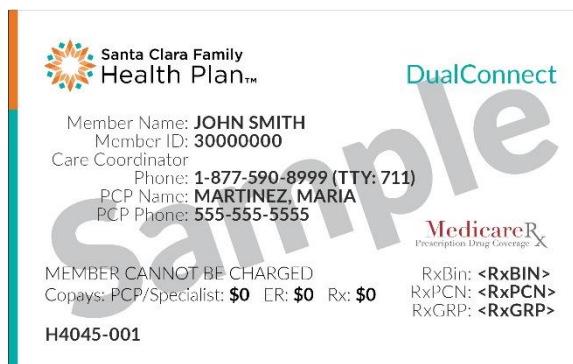
The contract is in effect for the months you are enrolled in our plan between January 1, 2023 and December 31, 2023.

J. Other important information you get from us

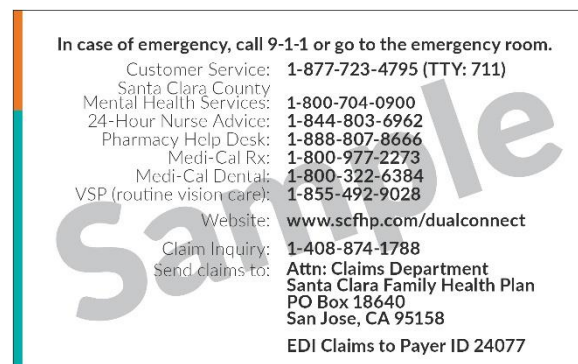
Other important information we provide to you includes your Member ID Card, information about how to access a *Provider and Pharmacy Directory*, a List of Durable Medical Equipment, and information about how to access a *List of Covered Drugs*.

J1. Your Plan ID Card

Under our plan, you have one card for your Medicare and Medi-Cal services covered by our plan, including long-term services and supports, certain behavioral health services, and prescriptions. You show this card when you get any services or Part D prescriptions. Here is a sample Member ID Card:



Front



Back

If your Member ID Card is damaged, lost, or stolen, call Customer Service right away at the number at the bottom of the page. We will send you a new card.

As long as you are a member of our plan, you do not need to use your red, white, and blue Medicare card. Keep this card in a safe place, in case you need them later. If you



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

show your Medicare card instead of your Member ID Card, the provider may bill Medicare instead of our plan, and you may get a bill. Refer to **Chapter 7** of your *Member Handbook* to find out what to do if you get a bill from a provider.

Remember, you need your Medi-Cal card or Benefits Identification Card (BIC) to access the following services:

- Dental care
- Prescription drugs

J2. Provider and Pharmacy Directory

The *Provider and Pharmacy Directory* lists the providers and pharmacies in our plan's network. While you're a member of our plan, you must use network providers to get covered services.

You can ask for a *Provider and Pharmacy Directory* by calling Customer Service at the numbers at the bottom of the page. You can also refer to the *Provider and Pharmacy Directory* at the web address at the bottom of the page.

Information available in the directory includes provider name, gender, phone number, address, specialty, license number, languages spoken, hospital affiliations, board certification, completion of cultural competence training, whether they are accepting new patients and more.

Definition of network providers

- Our network providers include:
 - Doctors, nurses, and other health care professionals that you can use as a member of our plan;
 - Clinics, hospitals, nursing facilities, and other places that provide health services in our plan; **and**
 - LTSS, behavioral health services, home health agencies, durable medical equipment suppliers, and others who provide goods and services that you get through Medicare or Medi-Cal.

Network providers agree to accept payment from our plan for covered services as payment in full.

Definition of network pharmacies

- Network pharmacies are pharmacies that agree to fill prescriptions for our plan members. Use the *Provider and Pharmacy Directory* to find the network pharmacy you want to use.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- Except during an emergency, you must fill your prescriptions at one of our network pharmacies if you want our plan to help you pay for them.

Call Customer Service at the numbers at the bottom of the page for more information. Both Customer Service and our website can give you the most up-to-date information about changes in our network pharmacies and providers.

List of Durable Medical Equipment (DME)

With this *Member Handbook*, we sent you our List of Durable Medical Equipment. This list tells you the brands and makers of DME that we cover. The most recent list of brands, makers, and suppliers is also available on our website at the address at the bottom of the page. Refer to **Chapter 3 and Chapter 4** of your *Member Handbook* to learn more about DME equipment.

J3. List of Covered Drugs

The plan has a *List of Covered Drugs*. We call it the “Drug List” for short. It tells you which prescription drugs our plan covers.

The Drug List also tells you if there are any rules or restrictions on any drugs, such as a limit on the amount you can get. Refer to **Chapter 5** of your *Member Handbook* for more information.

Each year, we send you information about how to access the Drug List, but some changes may occur during the year. To get the most up-to-date information about which drugs are covered, call Customer Service or visit our website (refer to the information at the bottom of the page).

J4. The Explanation of Benefits

When you use your Part D prescription drug benefits, we send you a summary to help you understand and keep track of payments for your Part D prescription drugs. This summary is called the Explanation of Benefits (EOB).

The EOB tells you the total amount you, or others on your behalf, spent on your Part D prescription drugs and the total amount we paid for each of your Part D prescription drugs during the month. The EOB has more information about the drugs you take **Chapter 6** of your *Member Handbook* gives more information about the EOB and how it helps you track your drug coverage.

You can also ask for an EOB. To get a copy, contact Customer Service at the numbers at the bottom of the page.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

K. Keeping your membership record up to date

You can keep your membership record up to date by telling us when your information changes.

We need this information to make sure that we have your correct information in our records. Our network providers and pharmacies also need correct information about you. **They use your membership record to know what services and drugs you get and how much they cost you.**

Tell us right away about the following:

- Changes to your name, your address, or your phone number.
- Changes to any other health insurance coverage, such as from your employer, your spouse's employer, or your domestic partner's employer, or workers' compensation.
- Any liability claims, such as claims from an automobile accident.
- Admission to a nursing home or hospital.
- Care from a hospital or emergency room.
- Changes in your caregiver (or anyone responsible for you)
- You take part in a clinical research study. (**Note:** You are not required to tell us about a clinical research study you are in or become part of, but we encourage you to do so.)

If any information changes, call Customer Service.

K1. Privacy of personal health information (PHI)

Information in your membership record may include personal health information (PHI). Federal and state laws require that we keep your PHI private. We protect your PHI. For more details about how we protect your PHI, refer to **Chapter 8** of your *Member Handbook*.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Chapter 2: Important phone numbers and resources

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about our plan and your health care benefits. You can also use this chapter to get information about how to contact your care coordinator and others to advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Table of Contents

A. Customer Service	18
B. Your Care Coordinator.....	20
C. Nurse Advice Call Line.....	23
D. Behavioral Health Crisis Line.....	24
E. Health Insurance Counseling and Advocacy Program (HICAP)	25
F. Quality Improvement Organization (QIO).....	26
G. Medicare.....	27
H. Medi-Cal	28
I. The Office of the Ombudsman.....	29
J. County Social Services.....	29
K. County Specialty Mental Health Plan.....	30
L. California Department of Managed Health Care	31
M. Other resources	31
M1. SCFHP Resources	32



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

A. Customer Service

CALL	<p>1-877-723-4795 This call is free.</p> <p>7 days a week, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
TTY	<p>711 This call is free.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>7 days a week, 8 a.m. to 8 p.m.</p>
WRITE	<p>Attn: Customer Service Department Santa Clara Family Health Plan PO Box 18880 San Jose, CA 95158</p>
WEBSITE	<p>www.scfhp.com/dualconnect</p>

Contact Customer Service to get help with:

- Questions about the plan
- Questions about claims or billing
- Coverage decisions about your health care
 - A coverage decision about your health care is a decision about:
 - your benefits and covered services **or**
 - the amount we pay for your health services.
 - Call us if you have questions about a coverage decision about your health care.
 - To learn more about coverage decisions, refer to **Chapter 9** of your *Member Handbook*.
- Appeals about your health care
 - An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake or disagree with the decision.
 - To learn more about making an appeal, refer to **Chapter 9** of your *Member Handbook*.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- Complaints about your health care
 - You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with our plan. You can also make a complaint about the quality of the care you got to us or to the Quality Improvement Organization (refer to **Section F**).
 - You can call us and explain your complaint at 1-877-723-4795 (TTY: 711).
 - If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section above).
 - You can send a complaint about our plan to Medicare. You can use an online form at www.medicare.gov/MedicareComplaintForm/home.aspx. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
 - You can make a complaint about our plan to the Ombuds Program by calling 1-855-501-3077 (TTY: 1-855-847-7914).
 - To learn more about making a complaint about your health care, refer to **Chapter 9** of your *Member Handbook*.
- Coverage decisions about your Medicare covered drugs
 - A coverage decision about your Medicare drugs is a decision about:
 - your benefits and Medicare covered drugs **or**
 - the amount we pay for your Medicare drugs.
 - Non-Medicare covered drugs, such as over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (medi-calrx.dhcs.ca.gov/) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273.
 - For more on coverage decisions about your Medicare prescription drugs, refer to **Chapter 9** of your *Member Handbook*.
- Appeals about your Medicare drugs
 - An appeal is a way to ask us to change a coverage decision.
 - For more on making an appeal about your Medicare prescription drugs, refer to **Chapter 9** of your *Member Handbook*.
- Complaints about your Medicare drugs
 - You can make a complaint about us or any pharmacy. This includes a complaint about your Medicare prescription drugs.
 - If your complaint is about a coverage decision about your Medicare prescription drugs, you can make an appeal. (Refer to the section above.)



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- You can send a complaint about our plan to Medicare. You can use an online form at www.medicare.gov/MedicareComplaintForm/home.aspx. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
- For more on making a complaint about your Medicare prescription drugs, refer to **Chapter 9** of your *Member Handbook*.
- Payment for health care or Medicare drugs you already paid for
 - For more on how to ask us to pay you back, or to pay a bill you got, refer to **Chapter 7** of your Member Handbook.
 - If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to **Chapter 9** of your *Member Handbook*.

B. Your Care Coordinator

A care coordinator is a clinician or other trained person who provides care coordination services for you, especially during care transitions and hospital discharges. When you enroll in SCFHP DualConnect, your health needs will be assessed and a care coordinator will be offered to help you. You may contact case management at the numbers below. To request to change your care coordinator, call SCFHP DualConnect Case Management.

CALL	<p>1-877-590-8999. This call is free.</p> <p>Monday through Friday, 8:30 a.m. to 5 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
TTY	<p>711. This call is free.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Monday through Friday, 8:30 a.m. to 5 p.m.</p>
WRITE	<p>Attn: Case Management Santa Clara Family Health Plan PO Box 18880 San Jose, CA 95158</p>
WEBSITE	<p>www.scfhp.com/dualconnect</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Contact your care coordinator to get help with:

- Questions about your health care
- Questions about getting behavioral health (mental health and substance use disorder) services
- Questions about transportation
- Questions about long-term services and supports (LTSS)

LTSS include Community-Based Adult Services (CBAS) and Nursing Facilities (NF).

SCFHP DualConnect will generally pay for the health care services, behavioral health services, and LTSS you get if you follow the plan's rules. To be eligible for LTSS:

- The care you get must be a **plan benefit**. This means that it must be included in the plan's Benefits Chart. (The chart is in **Chapter 4, Section D**).
- The care must be determined **medically necessary**. By medically necessary, we mean you need services to prevent, diagnose, or treat your condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies, or drugs meet accepted standards of medical practice.
- For medical services, you must have a network provider who has ordered the care or has told you to use another doctor. As a plan member, you must choose a network provider to be your **primary care provider (PCP)**.
 - In some cases, your PCP must direct you to other providers in the plan's network before you can use those other providers. This is called a **referral**. If you don't get a referral, SCFHP DualConnect may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. To learn more about referrals, refer to page 48.
 - You do not need a referral from your PCP for emergency care or urgently needed care or to use a woman's health provider. You can get other kinds of care without having a referral from your PCP. To learn more about this, refer to page 48.
 - To learn more about choosing a PCP, refer to page 47.
- **You must get your care from network providers**. Usually, the plan will not cover care from a provider who does not work with the health plan. Here are some cases when this rule does not apply:
 - The plan covers emergency or urgently needed care from an out-of-network provider. To learn more and to find out what emergency or urgently needed care is, refer to **Chapter 3, Section G**.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- If you need care that our plan covers and our network providers cannot give it to you, you can get the care from an out-of-network provider. In some cases, our plan must give you approval before you can get certain services. This is called a **prior authorization**. Additionally, you must obtain authorization from SCFHP prior to seeking care outside of the SCFHP DualConnect network. In this situation, we will cover the care at no cost to you. To learn about getting approval for an out-of-network provider, refer to **Chapter 3, Section D4**. To learn more about which services need prior authorization, refer to the Benefits Chart in **Chapter 4, Section D**.
- The plan covers kidney dialysis services when you are outside the plan's service area for a short time. You can get these services at a Medicare-certified dialysis facility.
- When you first join the plan, you can ask to continue to use your current providers. With some exceptions, we are required to approve this request if we can establish that you had an existing relationship with the providers (refer to **Chapter 1, Section F**). If we approve your request, you can continue using the providers you use now for up to 12 months for services. During that time, your care coordinator will contact you to help you find providers in our network. After 12 months, we will no longer cover your care if you continue to use providers that are not in our network.
- Continuity of care may be provided for services you are currently getting from a doctor. If you receive services from an ancillary provider (such as durable medical equipment, medical supplies or incontinence supplies for either Medicare or Medi-Cal), SCFHP DualConnect may transition you to a network provider.

Sometimes you can get help with your daily health care and living needs.

You might be able to get these services:

- Community-Based Adult Services (CBAS),
- Community Supports
- In-Home Supportive Services (IHSS)
- Multipurpose Senior Service Program (MSSP)

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



C. Nurse Advice Call Line

You can contact the Nurse Advice Call Line with questions about your health or health care. Our licensed health care professionals can help you 24 hours a day, 7 days a week. The Nurse Advice Line can help you with:

- Instructions on self-care at home
- What to do if you need care and a health care provider’s office is closed
- Advice on whether you should get medical care
- How and where to get care
- Referral to telehealth providers

For example, if you are not sure if your condition is an emergency medical condition, Nurse Advice can help you decide if you need emergency services or urgent care.

In an emergency, you should always call 9-1-1, or go to the nearest hospital.

CALL	<p>1-844-803-6962. This call is free.</p> <p>24 hours a day, 7 days a week.</p> <p>We have free interpreter services for people who do not speak English.</p>
TTY	<p>711. This call is free.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>24 hours a day, 7 days a week.</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

D. Behavioral Health Crisis Line

The Santa Clara County Behavioral Health Services Department Suicide and Crisis Services (SACS) provides support for individuals and families who are in crisis, struggling with mental illness, or substance use disorder (SUD).

CALL	<p>988. This call is free.</p> <p>24 hours a day, 7 days a week.</p> <p>We have free interpreter services for people who do not speak English.</p>
TTY	<p>711. This call is free.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>24 hours a day, 7 days a week</p>
TEXT	Text "RENEW" to 741741
WEBSITE	https://bhsd.sccgov.org/programs-services/suicide-prevention-crisis

Contact the Behavioral Health Crisis Line for help with:

- Questions about behavioral health and substance use disorder (SUD) services

For questions about your county specialty mental health services, refer to **Section K**.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



E. Health Insurance Counseling and Advocacy Program (HICAP)

The Health Insurance Counseling and Advocacy Program (HICAP) gives free health insurance counseling to people with Medicare. HICAP counselors can answer your questions and help you understand what to do to handle your problem. HICAP has trained counselors in every county, and services are free.

HICAP is not connected with any insurance company or health plan.

CALL	1-408-350-3200 Monday through Friday, 8 a.m. to 5 p.m.
TTY	711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	Sourcewise 3100 De La Cruz Blvd, Suite 310 Santa Clara, CA 95054
EMAIL	community@mysourcewise.com
WEBSITE	www.mysourcewise.com

Contact HICAP for help with:

- Questions about our plan or Medicare
- HICAP counselors can answer your questions about changing to a new plan and help you:
 - understand your rights,
 - understand your plan choices,
 - make complaints about your health care or treatment, **and**
 - straighten out problems with your bills.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

F. Quality Improvement Organization (QIO)

Our state has an organization called Livanta Beneficiary and Family Centered Care (BFCC)-Quality Improvement Organization (QIO). This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. Livanta BFCC-QIC is not connected with our plan.

CALL	1-877-588-1123 Available 24 hours a day, 7 days a week.
TTY	1-855-887-6668 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	Livanta BFCC-QIO 10520 Guilford Rd, Suite 202 Annapolis Junction, MD 20701
WEBSITE	www.livanta.com

Contact Livanta BFCC-QIO for help with:

- Questions about your health care rights
- You can make a complaint about the care you got if you:
 - have a problem with the quality of care,
 - think your hospital stay is ending too soon, **or**
 - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



G. Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

CALL	<p>1-800-MEDICARE (1-800-633-4227)</p> <p>Calls to this number are free, 24 hours a day, 7 days a week.</p>
TTY	<p>1-877-486-2048 This call is free.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p>
WEBSITE	<p>medicare.gov</p> <p>This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.</p> <p>It includes helpful websites and phone numbers. It also has documents you can print right from your computer.</p> <p>If you don't have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website and review the information with you.</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

H. Medi-Cal

Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed health care services for low-income individuals, including families with children, seniors, persons with disabilities, foster care, pregnant women, and individuals with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS. Medi-Cal is financed by state and federal government.

CALL	1-844-580-7272 Monday through Friday, 8 a.m. to 6 p.m.
TTY	1-800-430-7077 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	CA Department of Health Care Services Health Care Options P.O. Box 989009 West Sacramento, CA 95798-9850
WEBSITE	www.healthcareoptions.dhcs.ca.gov/

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



I. The Office of the Ombudsman

The Office of the Ombudsman works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The Office of the Ombudsman can also help you with service or billing problems. The Office of the Ombudsman will not automatically take sides in a complaint. They consider all sides in an impartial and objective way. It is their job to help develop fair solutions to health care access problems. Their services are free.

CALL	1-888-452-8609 This call is free. Monday through Friday, between 8:00 a.m. and 5:00 p.m.
TTY	711 This call is free.
WRITE	California Department of Healthcare Services Office of the Ombudsman 1501 Capitol Mall MS 4412 PO Box 997413 Sacramento, CA 95899-7413
EMAIL	MMCDOmbudsmanOffice@dhcs.ca.gov
WEBSITE	www.dhcs.ca.gov/services/med-cal/Pages/MMCDOOfficeoftheOmbudsman.aspx

J. County Social Services

If you need help with your benefits, contact your local County Social Services Department.

CALL	1-408-755-7100 This call is free. Monday through Friday, 8 a.m. to 5 p.m.
WRITE	Social Services Agency Administration 353 West Julian Street San Jose, CA 95110
WEBSITE	www.sccgov.org/sites/ssa/about_us/Pages/ssa_contacts.aspx



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

K. County Specialty Mental Health Plan

Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet the medical necessity criteria.

CALL	<p>Santa Clara County Behavioral Health Services Department</p> <p>1-800-704-0900 This call is free.</p> <p>Monday through Friday, 8 a.m. to 5 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p>
TTY	<p>711. This call is free.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Monday through Friday, 8 a.m. to 5 p.m.</p>

Contact the county specialty mental health plan for help with:

- Questions about behavioral health services provide by the county.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



L. California Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services.

CALL	1-888-466-2219 DMHC representatives are available between the hours of 8:00 a.m. and 6:00 p.m., Monday through Friday.
TDD	1-877-688-9891 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	Help Center California Department of Managed Health Care 980 Ninth Street, Suite 500 Sacramento, CA 95814-2725
FAX	1-916-255-5241
WEBSITE	www.dmhc.ca.gov

M. Other resources

The Health Consumer Alliance Ombuds Program (HCA) offers FREE assistance to help people who are struggling to get or maintain health coverage and resolve problems with their health plans.

If you have problems with:

- Medi-Cal
- Medicare
- Your health plan
- Accessing medical services
- Appealing denied services, drugs, durable medical equipment (DME), mental health services, etc.
- Medical billing
- IHSS (In-Home Supportive Services)



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Health Consumer Alliance assists with complaints, appeals, and hearings. The phone number for the Health Consumer Alliance is 1-888-804-3536.

M1. SCFHP Resources

SCFHP Blanca Alvarado Community Resource Center (CRC)

The SCFHP Blanca Alvarado CRC is a local space designed to provide services that promote health and wellbeing to SCFHP Medi-Cal and SCFHP DualConnect members and the residents of East San José. Services available at the SCFHP Blanca Alvarado CRC include:

- In-person customer service
- Member Orientation
- Enrollment assistance
- Health and wellness classes
- Vaccination clinics
- Case management for SCFHP members

For more information, contact the SCFHP Blanca Alvarado CRC directly.

CALL	1-408-874-1750
TTY	711
Visit	408 North Capitol Ave San Jose, CA 95127
WEBSITE	https://crc.scfhp.com/

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



SCFHP Fraud Hotline

If you think fraud is being committed by someone who provides your health care services or supplies, contact the SCFHP Fraud hotline.

CALL	1-408-874-1450 Available 24 hours a day, 7 days a week
TTY	711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	Attn: Compliance Officer Santa Clara Family Health Plan PO Box 18880 San Jose, CA 95158
FAX	1-408-874-1970
WEBSITE	www.scfhp.com

For more information on fraud, waste, and abuse, refer to **Chapter 11, Section F2**.

Community Resources

Note: SCFHP is not a sponsor of the organizations listed below. Additional resources are available on our website at www.scfhp.com.

Alzheimer's Association of Northern California

The Alzheimer's Association provides answers to questions about all aspects of Alzheimer's disease, community resources that support caregivers, and emotional support.

CALL	1-800-272-3900, Helpline. 1-408-372-9900, Main number. 24 hours a day, 7 days a week.
WRITE	2290 N First St, Suite 101 San Jose, CA 95131
WEBSITE	www.alz.org/norcal/



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

American Heart Association

Provides resources for various heart conditions, nutrition, and healthy living.

CALL	1-510-903-4050
WRITE	426 17 th St, Ste 300 Oakland, CA 94612
WEBSITE	www.heart.org/en/affiliates/california/greater-bay-area

California Department of Rehabilitation, San Jose District Office

Provides vocational rehabilitation, training, and job placement services for individuals with disabilities.

CALL	1-408-277-1355
TTY	1-844-729-2800 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	100 Paseo de San Antonio, Room 324 San Jose, CA 95113-1479
WEBSITE	www.dor.ca.gov

California Department of Rehabilitation, Gilroy Branch

CALL	1-408-848-1345
TTY	1-844-729-2800 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	8060 Santa Teresa Blvd, Suite 200 Gilroy, CA 95020-3864
WEBSITE	www.dor.ca.gov

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



California Department of Rehabilitation, San Jose North Branch

CALL	1-669-207-0014
TTY	1-844-729-2800 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	2160 Lundy Ave, Suite 115 San Jose, CA 95131
WEBSITE	www.dor.ca.gov

California Smokers' Helpline

Provides counseling and resources to help participants quit smoking.

CALL	English – 1-800-987-2908 Spanish – 1-800-456-6386 Mandarin/Cantonese – 1-800-838-8917 Vietnamese – 1-800-778-8440
WEBSITE	www.nobutts.org/

Family Caregiver Alliance (FCA)

FCA provides community-based and online caregiver education, and links to resources and support groups.

CALL	1-800-445-8106 or 1-415-434-3388
WRITE	101 Montgomery St, Suite 2150 San Francisco, CA 94104
WEBSITE	www.caregiver.org



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Farmers' Markets

Most farmers' markets in Santa Clara County accept CalFresh EBT, making it easier to buy fresh, local produce in your neighborhood. When you use your CalFresh EBT card at a Market Match participating farmers' market, you can double your money, up to \$10 free per day.

CALL	1-408-793-2700
WRITE	1775 Story Rd, Suite 120 San Jose, CA 95122
WEBSITE	www.sccgov.org/sites/phd/hi/heal/Pages/calfresh.aspx

Find Help

Find Help is social care network that connects people and programs. The online platform makes it easy to find social services in the community based on ZIP codes

WEBSITE	https://www.findhelp.org/
----------------	---

Friendship Line

Friendship Line is an accredited crisis line for people aged 60 years and older, and adults living with disabilities. Friendship Line provides on-going outreach calls to lonely older adults.

CALL	1-800-971-0016, 24-hour toll-free line
WEBSITE	www.ioaging.org/services/all-inclusive-health-care/friendship-line

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



In-Home Supportive Services (IHSS) Santa Clara County

A program that allows you to select your provider of in-home care if you cannot safely remain in your home without assistance. IHSS services may include but not be limited to: housecleaning, meal preparation, laundry, grocery shopping, personal care, accompaniment to medical appointments and other services.

CALL	1-408-792-1600 Monday through Friday, 8 a.m. to 5 p.m.
WRITE	1888 Senter Rd San Jose, CA 95112
WEBSITE	www.sccgov.org/sites/ssa/other-services/ihss/Pages/ihss.aspx

National Suicide Prevention Hotline

If you are experiencing a suicidal crisis or emotional distress, call the National Suicide Prevention Hotline.

CALL	988 24 hours a day, 7 days a week
-------------	--------------------------------------

Santa Clara County Adult Protective Services

Adult Protective Services receives and investigates reports of abuse or neglect regarding elders (age 65+) or dependent adults (ages 18 to 64 who because of mental or physical disability are unable to protect themselves and advocate on their own behalf).

CALL	1-408-975-4900 1-800-414-2002, or 1-408-755-7690, 24-hour report line.
WRITE	333 W Julian St, 4th Floor San Jose, CA 95110
WEBSITE	www.sccgov.org/sites/da/prosecution/DistrictAttorneyDepartments/Pages/ElderDepAdultAbuseReporting.aspx



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Second Harvest Food Bank (SHFB)

Through a variety of programs and services, the Food Bank provides food to people in need where they live, learn, and work. Call SHFB to be connected with resources like free food and CalFresh. Food Connection is Second Harvest’s toll-free hotline that helps people in need of food find resources in their neighborhood. Multilingual staff members direct callers to local food assistance programs.

CALL	1-800-984-3663
WEBSITE	www.shfb.org

Senior Adult Legal Assistance (SALA)

SALA provides legal assistance and education through a network of senior centers. They specialize in public benefits, long-term care, elder abuse, housing issues, planning for incapacity, probate alternatives and simple wills.

CALL	Central Office – 1-408-295-5991 North County – 1-650-969-8656 South County – 1-408-847-7252 Monday through Friday, 9 a.m. to 5 p.m.
WRITE	1425 Koll Circle, Suite 109 San Jose, CA 95112
WEBSITE	www.sala.org

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Senior Nutrition Program – Home Meal Delivery (Meals on Wheels)

Nutritious meals offered to eligible seniors (age 60+) at community sites located throughout the county and through Meals on Wheels programs.

CALL	Senior Nutrition Program – 1-408-975-4860 Meals on Wheels Enrollment – 1-408-350-3246
WRITE	333 W Julian St, 4th Floor San Jose, CA 95110
FAX	1-408-975-4830
WEBSITE	www.sccgov.org/sites/ssa/food-assistance/snp/Pages/meals_on_wheels.aspx

Silicon Valley Independent Living Center (SVILC)

SVILC’s core programs include: independent living skills training, information and referral, peer counseling, mentorship and training, and advocacy for systems and individual consumers. SVILC also provides assistive technology services, the Community Transitions Program that helps individuals transition from nursing facilities into community-based housing, and assistance with housing and personal assistant (PA) services.

Silicon Valley Independent Living Center (SVILC) – Main Office

CALL	1-408-894-9041
TTY	1-408-894-9012 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	25 N. 14th St., Suite 1000 San Jose, CA, 95112
FAX	1-408-894-9050
WEBSITE	www.svilc.org/



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Silicon Valley Independent Living Center (SVILC) – South County Branch Office

CALL	1-408-894-9041
TTY	1-408-894-9012 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	7881 Church St, Suite C Gilroy, CA 95020
FAX	1-408-842-4791
WEBSITE	www.svilc.org/

Social Security Administration

CALL	1-800-772-1213 Monday through Friday, 7 a.m. to 7 p.m.
TTY	1-800-325-0778 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	Social Security Administration Office of Public Inquiries and Communications Support 1100 West High Rise 6401 Security Blvd Baltimore, MD 21235
WEBSITE	www.socialsecurity.gov

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Sourcewise

Sourcewise serves as the local Area Agency on Aging. Sourcewise provides access to a comprehensive database of community resources for older adults and their caregivers, through their call center and website. They also offer information and awareness services, a senior employment program, Health Insurance Counseling & Advocacy Program (HICAP), and care management.

CALL	1-408-350-3200 Monday through Friday, 8 a.m. to 5 p.m.
TTY	711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	3100 De La Cruz Blvd, Suite 310 Santa Clara, CA 95054
EMAIL	community@mysourcewise.com
WEBSITE	www.mysourcewise.com

The Health Trust Meals on Wheels Program

The Health Trust Meals on Wheels Program serves physically challenged, homebound individuals, whether they are elderly, are recuperating from a recent hospitalization or have disabilities confining them to a wheelchair. Hot, nutritious meals are delivered 5 days a week, along with frozen meals for preparation on the weekend. Drivers also provide daily wellness checks.

CALL	1-408-961-9870 or 1-800-505-3367
EMAIL	mow@healthtrust.org
WEBSITE	healthtrust.org/provider/food/



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Chapter 3: Using our plan’s coverage for your health care and other covered services

Introduction

This chapter has specific terms and rules you need to know to get health care and other covered services with our plan. It also tells you about your care coordinator, how to get care from different kinds of providers and under certain special circumstances (including from out-of-network providers or pharmacies), what to do if you are billed directly for services we cover, and the rules for owning Durable Medical Equipment (DME). Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Table of Contents

A. Information about services and providers	43
B. Rules for getting services our plan covers	44
C. Your care coordinator	45
C1. What a care coordinator is.....	45
C2. How you can contact your care coordinator	45
C3. How you can change your care coordinator	46
D. Care from providers	46
D1. Care from a primary care provider.....	46
D2. Care from specialists and other network providers.....	48
D3. When a provider leaves our plan.....	49
D4. Out-of-network providers	49
E. Behavioral health (mental health and substance use disorder) services	50
E1. Medi-Cal behavioral health services provided outside our plan.....	50
F. Transportation services.....	51
F1. Medical transportation of non-emergency situations	51
F2. Non-medical transportation	52

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



G.	Covered services in a medical emergency, when urgently needed, or during a disaster	53
G1.	Care in a medical emergency	53
G2.	Urgently needed care	55
G3.	Care during a disaster	55
H.	What to do if you are billed directly for services our plan covers	56
H1.	What to do if our plan does not cover services	56
I.	Coverage of health care services in a clinical research study.....	56
I1.	Definition of a clinical research study	56
I2.	Payment for services when you are in a clinical research study	57
I3.	More about clinical research studies.....	57
J.	How your health care services are covered in a religious non-medical health care institution.....	58
J1.	Definition of a religious non-medical health care institution	58
J2.	Care from a religious non-medical health care institution	58
K.	Durable medical equipment (DME)	58
K1.	DME as a member of our plan.....	58
K2.	DME ownership if you switch to Original Medicare.....	59
K3.	Oxygen equipment benefits as a member of our plan	59
K4.	Oxygen equipment when you switch to Original Medicare	59

A. Information about services and providers

Services are health care (such as doctor visits and medical treatment), long-term services and supports (LTSS), supplies, behavioral health services (including mental health and wellness), prescription and over-the-counter drugs, equipment and other services. **Covered services** are any of these services that our plan pays for. Covered health care, behavioral health, and long-term services and supports (LTSS) are in



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Chapter 4 of your *Member Handbook*. Covered prescription and over-the-counter drugs are in **Chapter 5** of your *Member Handbook*.

Providers are doctors, nurses, and other people who give you services and care. Providers also include hospitals, home health agencies, clinics, and other places that give you health care services, behavioral health services, medical equipment, and certain long-term services and supports (LTSS).

Network providers are providers who work with our plan. These providers agree to accept our payment as full payment. Network providers bill us directly for care they give you. When you use a network provider, you usually pay nothing for covered services.

B. Rules for getting services our plan covers

Our plan covers Medicare services and covers or coordinates all Medi-Cal services. This includes behavioral health and long-term services and supports (LTSS).

Our plan will coordinate health care services, behavioral health services, and LTSS you get when you follow our rules. To be covered by our plan:

- The care you get must be a **plan benefit**. This means we include it in our Benefits Chart in **Chapter 4** of your *Member Handbook*.
- The care must be **medically necessary**. By medically necessary, we mean important services that are reasonable and protect life. Medically necessary care is needed to keep individuals from getting seriously ill or becoming disabled and reduces severe pain by treating disease, illness, or injury.
- For medical services, you must have a network **primary care provider (PCP)** who orders the care or tells you to use another provider. As a plan member, you must choose a network provider to be your PCP.
 - In most cases, your network PCP and/or plan must give you approval before you can use a provider that is not your PCP or use other providers in our plan's network. This is called a **referral**. If you don't get approval, we may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.
 - You do not need a referral from your PCP for emergency care or urgently needed care or to use a woman's health provider. You can get other kinds of care without having a referral from your PCP (for more information about this, refer to **Section D** in this chapter).
- **You must get your care from network providers** Usually, we won't cover care from a provider who doesn't work with our health plan. This means that you will have to pay the provider in full for the services furnished from providers outside of the network. Here are some cases when this rule does not apply:

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- We cover emergency or urgently needed care from an out-of-network provider (for more information about this, refer to **Section H** in the chapter.
- If you need care that our plan covers and our network providers can't give it to you, you can get care from an out-of-network provider. In some cases, our plan must give you approval before you can get certain services. This is called a prior authorization. Additionally, you must obtain authorization from SCFHP prior to seeking care outside of the SCFHP DualConnect network. In this situation, we cover the care at no cost to you.
- We cover kidney dialysis services when you're outside our plan's service area for a short time or when your provider is temporarily unavailable or not accessible. You can get these services at a Medicare-certified dialysis facility.
- When you first join our plan, you can ask to continue using your current providers. With some exceptions, we must approve this request if we can establish that you had an existing relationship with the providers. Refer to **Chapter 1** of your *Member Handbook*. If we approve your request, you can continue using the providers you use now for up to 12 months for services. During that time, your care coordinator will contact you to help you find providers in our network. After 12 months, we no longer cover your care if you continue to use providers that are not in our network.

New members to DualConnect: In most instances you will be enrolled in DualConnect for your Medicare benefits the 1st day of the month after you request to be enrolled in DualConnect. You may still receive your Medi-Cal services from your previous Medi-Cal health plan for one additional month. After that, you will receive your Medi-Cal services through DualConnect. There will be no gap in your Medi-Cal coverage. Please call us at 1-877-723-4795 (TTY: 711) if you have any questions.

C. Your care coordinator

C1. What a care coordinator is

A care coordinator is a clinician or other trained person who works for our plan to provide care coordination services for you, especially during care transitions and hospital discharges.

C2. How you can contact your care coordinator

You may contact Case Management by calling 1-877-590-8999 (TTY: 711), Monday to Friday, 8:30 a.m. to 5 p.m.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

C3. How you can change your care coordinator

If you would like to change your care coordinator, contact Case Management at 1-877-590-8999, Monday through Friday, 8:30 a.m. to 5 p.m.

D. Care from providers

D1. Care from a primary care provider

You must choose a primary care provider (PCP) to provide and manage your care.

Definition of a PCP and what a PCP does do for you

Your PCP is the provider who takes care of you and is the first person you see when you need care, unless it is an emergency. You will get your routine or basic care from your PCP. Your PCP will coordinate the rest of the covered services you get from SCFHP DualConnect, including:

- X-rays
- laboratory tests
- therapies
- care from doctors who are specialists
- hospital admissions
- follow-up care

In some cases, your PCP may need to get prior authorization (prior approval) from SCFHP for certain services.

You may choose a PCP who is a:

- Family Practice Physician (usually treats all ages)
- Obstetrician/Gynecologist (OB/GYN) (treats women) who also does primary care
- General Internal Medicine Physician (treats adults)
- Clinic, including a Federally Qualified Health Center (FQHC), Community Clinic or an Indian Health Service facility in Santa Clara County

You may be able to have a specialist act as your PCP. A specialist is a doctor who provides health care services for a specific disease or part of the body. You may choose a specialist as your PCP if that doctor is listed as a PCP in the *Provider and Pharmacy Directory*.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



You may receive care from a nurse practitioner (NP), physician assistant (PA) or certified nurse midwife (CNM) to provide your PCP services. The NP, PA or CNM must work in your PCP's office and be supervised by your PCP. If you are pregnant or you are planning to become pregnant, you also have the right to select an out-of-plan certified nurse midwife (CNM).

Your choice of PCP

You can choose any PCP who is in our network and accepting new members. Refer to the SCFHP "Find a Doctor" search tool or the SCFHP DualConnect *Provider and Pharmacy Directory* on www.scfhp.com for a list of providers in the SCFHP network. When choosing a PCP, you may want to choose a provider:

- that you use now, **or**
- who has been recommended by someone you trust, **or**
- who speaks your language, **or**
- whose offices are easy for you to get to.

If you would like additional information about a provider, such as where they completed their residency, please contact Customer Service. Customer Service can give you the most up-to-date information about our network providers.

You can also get more information about a provider here:

- Medical school attended and other professional qualifications – visit the California Department of Consumer Affairs (DCA) BreEZe Online Services at www.breeze.ca.gov/datamart/loginCADCA.do.
- Board certification – visit American Board of Medical Specialties Certification Matters at www.certificationmatters.org.

To choose a PCP, sign up for the mySCFHP member portal at www.member.scfhp.com. If you do not select a PCP, SCFHP will choose one for you and notify you. If you need help selecting a PCP, call Customer Service and a Customer Service representative will assist you.

Option to change your PCP

You may change your PCP for any reason, at any time. Also, it's possible that your PCP may leave our plan's network. If your PCP leaves our network, we can help you find a new PCP in our network.

If we can make the PCP change you want, the change will, in most cases, be effective the first day of the next month. For example, if you ask us to change your PCP in February, in most cases, you will be able to visit your new PCP on March 1.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services you can get without approval from your PCP

In most cases, you need approval from your PCP before using other providers. This approval is called a **referral**. You can get services like the ones listed below without getting approval from your PCP first:

- Emergency services from network providers or out-of-network providers.
- Urgently needed care from network providers.
- Urgently needed care from out-of-network providers when you can't get to a network provider (for example, if you're outside our plan's service area or during the weekend).

Note: Urgently needed care must be immediately needed and medically necessary.

- Kidney dialysis services that you get at a Medicare-certified dialysis facility when you're outside our plan's service area. Call Customer Service before you leave the service area. We can help you get dialysis while you're away.
- Flu shots and COVID-19 vaccinations as well as hepatitis B vaccinations and pneumonia vaccinations: as long as you get them from a network provider.
- Routine women's health care and family planning services. This includes breast exams, screening mammograms (x-rays of the breast), Pap tests, and pelvic exams as long as you get them from a network provider.
- Additionally, if eligible to get services from Indian health providers, you may use these providers without a referral.

D2. Care from specialists and other network providers

A specialist is a doctor who provides health care for a specific disease or part of the body. There are many kinds of specialists, such as:

- Oncologists care for patients with cancer.
- Cardiologists care for patients with heart problems.
- Orthopedists care for patients with bone, joint, or muscle problems.

Your PCP may send you to specialists or other health care providers if you need services your PCP cannot provide. For some types of services or prescription drugs or to see an out-of-network provider, your PCP, specialist, or other provider may need to get approval in advance from SCFHP DualConnect. This is called getting prior authorization. Please refer to **Chapter 4** for more information on which services require prior authorization.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



D3. When a provider leaves our plan

A network provider you use may leave our plan. If one of your providers leaves our plan, you have certain rights and protections that are summarized below:

- Even if our network of providers change during the year, we must give you uninterrupted access to qualified providers.
- We make a good faith effort to give you at least 30 days' notice so that you have time to select a new provider.
- We help you select a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to ask, and we work with you to ensure, that the medically necessary treatment you are getting is not interrupted.
- If we can't find a qualified network specialist accessible to you, we must arrange an out-of-network specialist to provide your care.
- If you think we haven't replaced your previous provider with a qualified provider or that we aren't managing your care well, you have the right to file a quality of care complaint to the QIO, a quality of care grievance, or both. (Refer to **Chapter 9** for more information.)

If you find out one of your providers is leaving our plan, contact us. We can assist you in finding a new provider and managing your care. Call SCFHP DualConnect Customer Service at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

D4. Out-of-network providers

If medically necessary specialized services are not available from a provider in the SCFHP DualConnect network, you may get these services from an out-of-network provider. Your PCP is responsible for submitting the request for prior authorization for out-of-network services.

If you use an out-of-network provider, the provider must be eligible to participate in Medicare and/or Medi-Cal.

- We cannot pay a provider who is not eligible to participate in Medicare and/or Medi-Cal.
- If you use a provider who is not eligible to participate in Medicare, you must pay the full cost of the services you get.
- Providers must tell you if they are not eligible to participate in Medicare.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

E. Behavioral health (mental health and substance use disorder) services

You have access to medically necessary behavioral health services that Medicare and Medi-Cal cover. We provide access to behavioral health services covered by Medicare. Our plan does not provide Medi-Cal covered behavioral health services, but these services are available to you through the Santa Clara County Behavioral Health Services Department.

E1. Medi-Cal behavioral health services provided outside our plan

Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet criteria to access specialty mental health services. Medi-Cal specialty mental health services provided by the Santa Clara County Behavioral Health Services Department include:

- Mental health services
- Medication support services
- Day treatment intensive
- Day rehabilitation
- Crisis intervention
- Crisis stabilization
- Adult residential treatment services
- Crisis residential treatment services
- Psychiatric health facility services
- Psychiatric inpatient hospital services
- Targeted case management

Medi-Cal or Drug Medi-Cal Organized Delivery System services are available to you through the Santa Clara County Department of Alcohol and Drug Services if you meet criteria to receive these services. Drug Medi-Cal services provided by the Santa Clara County Department of Alcohol and Drug include:

- Intensive outpatient treatment services
- Residential treatment services
- Outpatient drug free services
- Narcotic treatment services
- Naltrexone services for opioid dependence

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Drug Medi-Cal Organized Delivery System Services include:

- Outpatient and intensive outpatient services
- Medications for addiction treatment (also called Medication Assisted Treatment)
- Residential/inpatient
- Withdrawal management
- Narcotic treatment services
- Recovery services
- Care coordination

In addition to the services listed above, you may have access to voluntary inpatient detoxification services if you meet the criteria.

There is no prior authorization required for behavioral health services. If you meet medical necessity criteria for specialty mental health services with Santa Clara County Behavioral Health Services Department and/or for Drug Medi-Cal services with Santa Clara County Department of Alcohol and Drug Services, SCFHP DualConnect will link and coordinate your care with the appropriate agency. To access Santa Clara County Drug and Alcohol Services (DADS) directly, call the Gateway intake at 1-800-488-9919.

F. Transportation services

F1. Medical transportation of non-emergency situations

You are entitled to non-emergency medical transportation if you have medical needs that don't allow you to use a car, bus, or taxi to your appointments. Non-emergency medical transportation can be provided for covered services such as medical, dental, mental health, substance use, and pharmacy appointments. If you need non-emergency medical transportation, you can talk to your PCP and ask for it. Your PCP will decide the best type of transportation to meet your needs. If you need non-emergency medical transportation, they will prescribe it by completing a form and submitting it to SCFHP DualConnect for approval. Depending on your medical need, the approval is good for one year. Your PCP will reassess your need for non-emergency medical transportation for re-approval every 12 months.

Non-emergency medical transportation is an ambulance, litter van, wheelchair van, or air transport. SCFHP DualConnect allows the lowest cost covered transportation mode and most appropriate non-emergency medical transportation for your medical needs when you need a ride to your appointment. For example, if you can physically or medically be transported by a wheelchair van, SCFHP DualConnect will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Non-emergency medical transportation must be used when:

- You physically or medically need it as determined by written authorization from your PCP because you are not able to use a bus, taxi, car, or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle, or place of treatment due to a physical or mental disability.

To ask for medical transportation that your doctor has prescribed for non-urgent **routine appointments**, call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. at least five business days (Monday-Friday) before your appointment. For **urgent appointments**, call as soon as possible. Have your Member ID Card ready when you call. You can also call if you need more information.

Medical transportation limits

SCFHP DualConnect covers the lowest cost medical transportation that meets your medical needs from your home to the closest provider where an appointment is available. Medical transportation will not be provided if Medicare or Medi-Cal does not cover the service. If the appointment type is covered by Medi-Cal but not through the health plan, SCFHP DualConnect will help you schedule your transportation. A list of covered services is in **Chapter 4** of this handbook. Transportation is not covered outside SCFHP DualConnect's network or service area unless pre-authorized.

F2. Non-medical transportation

Non-medical transportation benefits include traveling to and from your appointments for a service authorized by your provider. You can get a ride, at no cost to you, when you:

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

SCFHP DualConnect allows you to use a car, taxi, bus, or other public/private way of getting to your non-medical appointment for services authorized by your provider. SCFHP DualConnect can arrange for non-medical transportation. We cover the lowest cost, non-medical transportation type that meets your needs.

Sometimes, you can be reimbursed for rides in a private vehicle that you arrange. SCFHP DualConnect must approve this **before** you get the ride, and you must tell us why you can't get a ride in another way, like taking the bus. Call 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. You can tell us by calling or emailing, or in person. **You cannot be reimbursed for driving yourself.**

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Mileage reimbursement requires all of the following:

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

To ask for a ride for services that have been authorized, call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. at least three business days (Monday-Friday) before your appointment. For **urgent appointments**, call as soon as possible. Have your Member ID Card ready when you call. You can also call if you need more information.

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

Non-medical transportation limits

SCFHP DualConnect provides the lowest cost non-medical transportation that meets your needs from your home to the closest provider where an appointment is available. **You cannot drive yourself or be reimbursed directly.**

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

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

G. Covered services in a medical emergency, when urgently needed, or during a disaster

G1. Care in a medical emergency

A medical emergency is a medical condition with symptoms such as severe pain or serious injury. The condition is so serious that, if it doesn't get immediate medical attention, you or anyone with an average knowledge of health and medicine could expect it to result in:

- Serious risk to your health or to that of your unborn child; **or**



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- 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, when:
- there is not enough time to safely transfer you to another hospital before delivery.
- a transfer to another hospital may pose a threat to your health or safety or to that of your unborn child.

If you have a medical emergency:

- **Get help as fast as possible.** Call 911 or use to the nearest emergency room or hospital. Call for an ambulance if you need it. You do **not** need approval or a referral from your PCP. You do not need to use a network provider. You may get emergency medical care whenever you need it, anywhere in the U.S. or its territories, from any provider with an appropriate state license.
- As soon as possible, tell our plan about your emergency. We will follow up on your emergency care. You or someone else should call to tell us about your emergency care, usually within 48 hours. However, you won't pay for emergency services if you delay in telling us. Notify SCFHP DualConnect of your emergency at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. You can also find contact information on the back of your SCFHP DualConnect member ID card.

Covered services in a medical emergency

If you need an ambulance to get to the emergency room, our plan covers that. To learn more, refer to the Benefits Chart in **Chapter 4** of your *Member Handbook*.

The providers who give you emergency care decide when your condition is stable and the medical emergency is over. They will continue to treat you and will contact us to make plans if you need follow-up care to get better.

Our plan covers your follow-up care. If you get your emergency care from out-of-network providers, we will try to get network providers to take over your care as soon as possible.

Getting emergency care if it wasn't an emergency

Sometimes it can be hard to know if you have a medical or behavioral health emergency. You may go in for emergency care and the doctor says it wasn't really an emergency. As long as you reasonably thought your health was in serious danger, we cover your care.

After the doctor says it wasn't an emergency, we cover your additional care only if:

- You use a network provider **or**

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- The additional care you get is considered “urgently needed care” and you follow the rules (refer to **Section G2**) for getting it.

G2. Urgently needed care

Urgently needed care is care you get for a situation that isn't an emergency but needs care right away. For example, you might have a flare-up of an existing condition or a severe sore throat that occurs over the weekend and need treatment.

Urgently needed care in our plan's service area

In most cases, we cover urgently needed care only if:

- You get this care from a network provider **and**
- You follow the rules described in this chapter.

If it is not possible or reasonable to get to a network provider, we will cover urgently needed care you get from an out-of-network provider.

If you think you have an urgent medical problem, call the Nurse Advice Line at 1-844-803-6962 (TTY: 711), 24 hours a day, 7 days a week. Nurse Advice can tell you how and where to get care.

Urgently needed care outside our plan's service area

When you're outside our plan's service area, you may not be able to get care from a network provider. In that case, our plan covers urgently needed care you get from any provider.

Our plan does not cover urgently needed care or any other care that you get outside the United States and its territories.

G3. Care during a disaster

If the Governor of your state, the U.S. Secretary of Health and Human Services, or the President of the United States declares a state of disaster or emergency in your geographic area, you are still entitled to care from our plan.

Visit our website for information on how to get care you need during a declared disaster: www.scfhp.com/dualconnect.

During a declared disaster, if you can't use a network provider, you can get care from out-of-network providers at no cost to you. If you can't use a network pharmacy during a declared disaster, you can fill your prescription drugs at an out-of-network pharmacy. Refer to **Chapter 5** of your *Member Handbook* for more information.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

H. What to do if you are billed directly for services our plan covers

If a provider sends you a bill instead of sending it to our plan, you should ask us to pay the bill.

You should not pay the bill yourself. If you do, we may not be able to pay you back.

If you paid for your covered services or if you got a bill for covered medical services, refer to **Chapter 7** of your *Member Handbook* to find out what to do.

H1. What to do if our plan does not cover services

Our plan covers all services:

- that are determined medically necessary, **and**
- that are listed in our plan's Benefits Chart (refer to **Chapter 4** of your *Member Handbook*) **and**
- that you get by following plan rules.

If you get services that our plan does not cover, **you pay the full cost yourself.**

If you want to know if we pay for any medical service or care, you have the right to ask us. You also have the right to ask for this in writing. If we say we will not pay for your services, you have the right to appeal our decision.

Chapter 9 of your *Member Handbook* explains what to do if you want us to cover a medical service or item. It also tells you how to appeal our coverage decision. Call Customer Service to learn more about your appeal rights.

We pay for some services up to a certain limit. If you use over the limit, you pay the full cost to get more of that type of service. Call Customer Service to find out what the benefit limits are and how much of your benefits you've used.

I. Coverage of health care services in a clinical research study

I1. Definition of a clinical research study

A clinical research study (also called a clinical trial) is a way doctors test new types of health care or drugs. A clinical research study approved by Medicare typically asks for volunteers to be in the study.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Once Medicare approves a study you want to be in, someone who works on the study contacts you. That person tells you about the study and finds out if you qualify to be in it. You can be in the study as long as you meet the required conditions. You must understand and accept what you must do in the study.

While you're in the study, you may stay enrolled in our plan. That way, our plan continues to cover you for services and care not related to the study.

If you want to take part in a Medicare-approved clinical research study, you do **not** need to get approval from us or your primary care provider. Providers that give you care as part of the study do **not** need to be network providers.

We encourage you to tell us before you take part in a clinical research study.

If you plan to be in a clinical research study, you or your care coordinator should contact Customer Service to let us know you will take part in a clinical trial.

12. Payment for services when you are in a clinical research study

If you volunteer for a clinical research study that Medicare approves, you pay nothing for the services covered under the study. Medicare pays for services covered under the study as well as routine costs associated with your care. Once you join a Medicare-approved clinical research study, you're covered for most services and items you get as part of the study. This includes:

- Room and board for a hospital stay that Medicare would pay for even if you weren't in a study.
- An operation or other medical procedure that is part of the research study.
- Treatment of any side effects and complications of the new care.

If you're part of a study that Medicare has **not** approved, you pay any costs for being in the study.

13. More about clinical research studies

You can learn more about joining a clinical research study by reading "Medicare & Clinical Research Studies" on the Medicare website (www.medicare.gov/Pubs/pdf/02226-Medicare-and-Clinical-Research-Studies.pdf). You can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

J. How your health care services are covered in a religious non-medical health care institution

J1. Definition of a religious non-medical health care institution

A religious non-medical health care institution is a place that provides care you would normally get in a hospital or skilled nursing facility. If getting care in a hospital or a skilled nursing facility is against your religious beliefs, we cover care in a religious non-medical health care institution. This benefit is only for Medicare Part A inpatient services (non-medical health care services).

J2. Care from a religious non-medical health care institution

To get care from a religious non-medical health care institution, you must sign a legal document that says you are against getting medical treatment that is “non-excepted.”

- “Non-excepted” medical treatment is any care that is **voluntary and not required** by any federal, state, or local law.
- “Excepted” medical treatment is any care that is **not voluntary and is required** under federal, state, or local law.

To be covered by our plan, the care you get from a religious non-medical health care institution must meet the following conditions:

- The facility providing the care must be certified by Medicare.
- Our plan's coverage of services is limited to non-religious aspects of care.
- If you get services from this institution that are provided to you in a facility:
 - You must have a medical condition that would allow you to get covered services for inpatient hospital care or skilled nursing facility care.
- You must get approval from us before you are admitted to the facility, or your stay will **not** be covered.

Medicare Inpatient Hospital coverage limits apply. See the Benefits Chart in **Chapter 4, Section D**.

K. Durable medical equipment (DME)

K1. DME as a member of our plan

DME includes certain medically necessary items ordered by a provider such as wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



ordered by a provider for use in the home, intravenous (IV) infusion pumps, speech generating devices, oxygen equipment and supplies, nebulizers, and walkers.

You always own certain items, such as prosthetics.

In this section, we discuss DME you rent. In Original Medicare, people who rent certain types of DME own the equipment after paying copayments for the item for 13 months. As a member of our plan, you usually will **not** own DME, no matter how long you rent it.

In certain limited situations, we transfer ownership of the DME item to you. Call Customer Service to find out about requirements you must meet and papers you need to provide.

Even if you had DME for up to 12 months in a row under Medicare before you joined our plan, you will not own the equipment.

K2. DME ownership if you switch to Original Medicare

If you didn't get ownership of the DME item while in our plan, you must make 13 new consecutive payments after you switch to Original Medicare to own the item. Payments you made while in our plan do **not** count toward these 13 consecutive payments.

If you made fewer than 13 payments for the DME item under Original Medicare **before** you joined our plan, your previous payments don't count toward the 13 consecutive payments. You must make 13 new consecutive payments after you return to Original Medicare to own the item. There are no exceptions to this case when you return to Original Medicare.

K3. Oxygen equipment benefits as a member of our plan

If you qualify for oxygen equipment covered by Medicare and you're a member of our plan, we cover:

- Rental of oxygen equipment
- Delivery of oxygen and oxygen contents
- Tubing and related accessories for the delivery of oxygen and oxygen contents
- Maintenance and repairs of oxygen equipment

Oxygen equipment must be returned to the owner when it's no longer medically necessary for you or if you leave our plan.

K4. Oxygen equipment when you switch to Original Medicare

When oxygen equipment is medically necessary and **you leave our plan and switch to Original Medicare**, you rent it from a supplier for 36 months. Your monthly rental payments cover the oxygen equipment and the supplies and services listed above.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

If oxygen equipment is medically necessary **after you rent it for 36 months**, your supplier must provide:

- Oxygen equipment, supplies, and services for another 24 months.
- Oxygen equipment and supplies for up to 5 years if medically necessary.

If oxygen equipment is still medically necessary **at the end of the 5-year period**:

- Your supplier no longer has to provide it, and you may choose to get replacement equipment from any supplier.
- A new 5-year period begins.
- You rent from a supplier for 36 months.
- Your supplier then provides the oxygen equipment, supplies, and services for another 24 months.
- A new cycle begins every 5 years as long as oxygen equipment is medically necessary.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Chapter 4: Benefits chart

Introduction

This chapter tells you about the services our plan covers and any restrictions or limits on those services. It also tells you about benefits not covered under our plan. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

New members to SCFHP DualConnect (HMO D-SNP), a Medicare Medi-Cal Plan: In most instances you will be enrolled in SCFHP DualConnect for your Medicare benefits the 1st day of the month after you request to be enrolled in SCFHP DualConnect. You may still receive your Medi-Cal services from your previous Medi-Cal health plan for one additional month. After that, you will receive your Medi-Cal services through SCFHP DualConnect. There will be no gap in your Medi-Cal coverage. Please call us at 1-877-723-4795 (TTY: 711) if you have any questions.

Table of Contents

A. Your covered services	61
A1. During public health emergencies	62
B. Rules against providers charging you for services.....	62
C. About our plan’s Benefits Chart	62
D. Our plan’s Benefits Chart.....	71
E. Benefits covered outside of our plan.....	113
E1. California Community Transitions (CCT).....	113
E2. Medi-Cal Dental Program.....	113
E3. Hospice care	114
F. Benefits not covered by our plan, Medicare, or Medi-Cal	115

A. Your covered services

This chapter tells you about services our plan covers. You can also learn about services that are not covered. Information about drug benefits is in **Chapter 5**. This chapter also explains limits on some services.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Because you get assistance from Medi-Cal, you pay nothing for your covered services as long as you follow our plan's rules. Refer to **Chapter 3** of your *Member Handbook* for details about the plan's rules.

If you need help understanding what services are covered, call: your care coordinator and/or Customer Service at 1-877-723-4795 (TTY: 711).

A1. During public health emergencies

SCFHP DualConnect follows federal, state, and local guidelines during declared public health emergencies. We will post updates on our website, www.scfhp.com, if there are changes to accessing your healthcare or available resources during a declared public health emergency.

B. Rules against providers charging you for services

We don't allow our in-network providers to bill you for covered services. We pay our providers directly, and we protect you from any charges. This is true even if we pay the provider less than the provider charges for a service.

You should never get a bill from a provider for covered services. If you do, refer to **Chapter 7** of your *Member Handbook* or call Customer Service.

C. About our plan's Benefits Chart

The Benefits Chart tells you the services our plan pays for. It lists covered services in alphabetical order and explains them.

We pay for the services listed in the Benefits Chart when the following rules are met. You do not pay anything for the services listed in the Benefits Chart, as long as you meet the requirements described below.

- We must provide your Medicare and Medi-Cal covered services according to the rules set by Medicare and Medi-Cal.
- The services (including medical care, behavioral health and substance use services, long-term services and supports, supplies, equipment, and drugs) must be "medically necessary." Medically necessary describes services, supplies, or drugs you need to prevent, diagnose, or treat a medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies, or drugs meet accepted standards of medical practice. A service is medically necessary when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- You get your care from a network provider. A network provider is a provider who works with us. In most cases, we do not pay for care you get from an out-of-network provider. **Chapter 3** of your *Member Handbook* has more information about using network and out-of-network providers.
- You have a primary care provider (PCP) or a care team that is providing and managing your care. In most cases, your PCP must give you approval before you can use a provider that is not your PCP or use other providers in the plan's network. This is called a referral. **Chapter 3** of your *Member Handbook* has more information about getting a referral and when you do not need one.
- We cover some services listed in the Benefits Chart only if your doctor or other network provider gets our approval first. This is called prior authorization. We mark covered services in the Benefits Chart that need prior authorization are marked in the Benefits Chart by a footnote. In addition, you must get prior authorization for the following services not listed in the Benefits Chart:
 - Abdominoplasty/
Panniculectomy
 - Bariatric surgery
 - Breast reductions and
augmentation surgery
 - Cataract surgery
 - Cochlear auditory implant
 - Dental, jaw, and orthognathic
procedures
 - Dermatology procedures
(laser treatment, skin
injections and implants)
 - Endoscopy except
colonoscopy
 - Experimental/investigational
procedures/services and new
technologies
 - Gender reassignment surgery
 - Genetic testing and
counseling (except for
biomarker testing associated
with FDA-approved cancer
therapy)
 - Hyperbaric oxygen therapy
 - Intensive Outpatient Palliative
Care (IOPC)
 - Outpatient diagnostic imaging:
magnetic resonance imaging,
angiography, nuclear
cardiology procedures, single-
photon emission
computerized tomography
(SPECT), and positron-
emission tomography
(PET/PET-CT)
 - Outpatient occupational,
physical, and speech
therapies
 - Plastic surgery and
reconstructive procedures
 - Podiatric surgeries
 - Radiation therapy: proton
beam and Stereotactic
Radiation Treatment (SBRT)
 - Sleep studies
 - Spinal procedures (except
epidural injections)



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Surgery for Obstructive Sleep Apnea (OSA)
 - Temporomandibular Joint Disorder (TMJ) treatments
 - Transplant-related services (except cornea transplant) prior to evaluation
 - Unclassified procedures
 - Varicose vein treatments
- If you are within our plan’s 3-month period of deemed continued eligibility, we will continue to provide all Medicare Advantage plan-covered Medicare benefits. However, during this period, we will not continue to cover Medi-Cal benefits that are included under the applicable Medicaid State Plan, nor will we pay the Medicare premiums or cost sharing for which the state would otherwise be liable had you not lost your Medi-Cal eligibility. Medicare cost-sharing amounts for Medicare basic and supplemental benefits do not change during this period.
 - All preventive services are free. You find this apple 🍏 next to preventive services in the Benefits Chart.
 - **Community Supports:** Community Supports may be available under your Individualized Care Plan. Community Supports are medically appropriate and cost-effective alternative services or settings. These services are optional for members. If you qualify, these services may help you live more independently. They do not replace benefits that you already get under Medi-Cal. Examples of Community Supports that we offer include medically-supportive food and meals or medically-tailored meals, help for you or your caregiver, or shower grab bars and ramps.

Below are descriptions of Community Supports currently offered by SCFHP DualConnect and their eligibility criteria:

Community Support	Description of Service	Eligibility
Housing Transition Navigation Services	Complete a Housing Assessment and Plan, Housing Search, Resources and Accommodations, and assisting with Move-in and Housing Retention	<ul style="list-style-type: none"> ● Currently experiencing homeless or at risk of becoming homeless

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Community Support	Description of Service	Eligibility
Housing Deposits	Assess Move-in Requirements, First/Last Month's Rent, Health and Safety	<ul style="list-style-type: none"> • Currently experiencing homeless or at risk of becoming homeless • Have housing lined up and require rental deposit or other moving related expenses
Housing Tenancy and Sustaining Services	<p>Help members maintain safe and stable tenancy once housing is secured.</p> <p>This does not include the provision of room and board and is only available for up to 24 months.</p>	<ul style="list-style-type: none"> • Member must have secured housing • Previously experiencing homeless or at risk of becoming homeless
Nursing Facility Transition/ Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities	<p>Help individuals live in the community and/or avoid institutionalization when possible.</p> <p>The goal is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for Members with an imminent need for nursing facility level of care.</p>	<ul style="list-style-type: none"> • Interested in remaining in the community • Willing and able to reside safely in an assisted living facility with appropriate and cost effective supports and services • Meet minimum criteria for nursing facility level of care (unable to complete ADLs without assistance) • Able to pay for own living expenses



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Community Support	Description of Service	Eligibility
<p>Community Transition Services/Nursing Facility Transition to a Home</p>	<p>Help individuals live in the community and avoid further institutionalization.</p> <p>Covers nonrecurring setup expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.</p>	<ul style="list-style-type: none"> • Currently residing in a nursing facility and receiving medically necessary nursing facility services • Have lived 60 or more days in a nursing facility • Interested in moving back into the community • Willing and able to reside safely in a home • Willing to live in an assisted living facility with appropriate and cost-effective support and services • Willing and able to pay for own living expenses
<p>Medically Supportive Food/ Meals/Medically Tailored Meals</p>	<p>Meals help individuals achieve their nutrition goals at critical times to help them regain and maintain their health.</p> <p>e.g., Medically-Tailored Meals or groceries, etc.</p>	<ul style="list-style-type: none"> • Has a chronic condition • Has extensive care coordination needs • Being discharged from the hospital or skilled nursing facility or at high risk of hospitalization or nursing facility placement

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Community Support	Description of Service	Eligibility
Sobering Center	An alternative destination for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. Members, primarily those who are homeless or those with unstable living situations, access this safe, supportive environment to become sober.	<ul style="list-style-type: none"> • 18 + years • Intoxicated • Conscious • Cooperative • Able to walk • Nonviolent • Free from any medical distress (including life threatening withdrawal symptoms or apparent underlying symptoms) • Would otherwise be transported to the emergency department or a jail or who presented at an emergency department and are appropriate to be diverted to a Sobering Center
Medical Respite/ Recuperative Care	Short-term residential care for members who no longer require hospitalization, but still need to heal from an injury or illness and whose condition would be exacerbated by an unstable living environment.	<ul style="list-style-type: none"> • Individuals who are at risk of hospitalization or are post-hospitalization, and unhoused • Individuals who live alone with no formal or who face housing insecurity or have housing that would jeopardize their health and safety without modification



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Community Support	Description of Service	Eligibility
Asthma Remediation	Services completed to provide physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.	<ul style="list-style-type: none"> • Individuals with poorly controlled asthma (as determined by an emergency department visit, hospitalization, being too sick for urgent care visits in the past 12 months, or a score of 19 or lower on the Asthma Control Test) for whom a licensed health care provider has documented that the service will likely avoid asthma-related hospitalizations, emergency department visits, or other high-cost services
Environmental Accessibility Adaptations (Home Modifications)	Services completed to provide physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home.	<ul style="list-style-type: none"> • Individuals at risk for institutionalization in a nursing facility • Documentation from the primary care provider, current primary care physician or other health professional specifying the requested equipment or service • A physical or occupational therapy evaluation and report • Determination that requested equipment or services are needed based on a conducted home visit

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Community Support	Description of Service	Eligibility
<p>Personal Care and Homemaker Services</p>	<p>Supports for individuals who need assistance with daily activities, such as bathing, getting dressed, personal hygiene, cooking, and eating.</p>	<ul style="list-style-type: none"> • Individuals at risk for hospitalization, or institutionalization in a nursing facility • Individuals with functional deficits and no other adequate support system • Individuals approved for In-Home Supportive Services. • For members not eligible to receive In-Home Supportive Services, to help avoid a short-term stay in a skilled nursing facility (not to exceed 60 days)



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.


Community Support	Description of Service	Eligibility
<p>Respite Services (Caregiver)</p>	<p>Short-term services provided to caregivers of those who require occasional temporary supervision to give relief to the caregiver.</p>	<ul style="list-style-type: none"> • Individuals who live in the community and are compromised in their Activities of Daily Living (ADLs) and are therefore dependent upon a qualified caregiver who provides most of their support, and who require caregiver relief to avoid institutional placement • Children who previously were covered for Respite Services under the Pediatrics Palliative Care Waiver and foster care program beneficiaries • Members enrolled in either California Children’s Services or the Genetically Handicapped Persons Program (GHPP) • Members with Complex Care Needs

If you need help or would like to find out which Community Supports may be available for you, call Case Management at 1-877-590-8999 (TTY: 711), Monday through Friday, 8:30 a.m. to 5 p.m.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.





D. Our plan's Benefits Chart

Services that our plan pays for	What you must pay
<p> Abdominal aortic aneurysm screening</p> <p>We pay for a one-time ultrasound screening for people at risk. The plan only covers this screening if you have certain risk factors and if you get a referral for it from your physician, physician assistant, nurse practitioner, or clinical nurse specialist.</p>	\$0
<p>Acupuncture</p> <p>We pay for up to two outpatient acupuncture services in any one calendar month, or more often if they are medically necessary.</p> <ul style="list-style-type: none"> • We also pay for up to 12 acupuncture visits in 90 days if you have chronic low back pain, defined as: • lasting 12 weeks or longer; • not specific (having no systemic cause that can be identified, such as not associated with metastatic, inflammatory, or infectious disease); • not associated with surgery; and • not associated with pregnancy. <p>In addition, we pay for an additional 8 sessions of acupuncture for chronic low back pain if you show improvement. You may not get more than 20 acupuncture treatments for chronic low back pain each year.</p> <p>Acupuncture treatments for chronic low back pain must be stopped if you don't get better or if you get worse.</p>	\$0





If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p> Alcohol misuse screening and counseling</p> <p>We pay for one alcohol-misuse screening (SABIRT) for adults who misuse alcohol but are not alcohol dependent. This includes pregnant women.</p> <p>If you screen positive for alcohol misuse, you can get up to four brief, face-to-face counseling sessions each year (if you are able and alert during counseling) with a qualified primary care provider or practitioner in a primary care setting.</p>	\$0
<p>Ambulance services</p> <p>Covered ambulance services include ground, fixed-wing, and rotary-wing (helicopter) ambulance services. The ambulance will take you to the nearest place that can give you care.</p> <p>Your condition must be serious enough that other ways of getting to a place of care could risk your health or life. Ambulance services for other cases must be approved by us.</p> <p>In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.</p>	\$0
<p> Annual wellness visit</p> <p>You should get an annual checkup. This is to make or update a prevention plan based on your current risk factors. We pay for this once every 12 months.</p>	\$0
<p>Asthma Preventive Services</p> <p>You can receive asthma education and a home environment assessment for triggers commonly found in the home for people with poorly controlled asthma.</p>	\$0




If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p> Bone mass measurement</p> <p>We pay for certain procedures for members who qualify (usually, someone at risk of losing bone mass or at risk of osteoporosis). These procedures identify bone mass, find bone loss, or find out bone quality.</p> <p>We pay for the services once every 24 months, or more often if medically necessary. We also pay for a doctor to look at and comment on the results.</p>	<p>\$0</p>
<p> Breast cancer screening (mammograms)</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • One baseline mammogram between the ages of 35 and 39 • One screening mammogram every 12 months for women age 40 and older • Clinical breast exams once every 24 months 	<p>\$0</p>
<p>Cardiac (heart) rehabilitation services</p> <p>We pay for cardiac rehabilitation services such as exercise, education, and counseling. Members must meet certain conditions with a doctor’s order.</p> <p>We also cover intensive cardiac rehabilitation programs, which are more intense than cardiac rehabilitation programs.</p> <p>Note: Prior authorization may be required.</p>	<p>\$0</p>




If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p> Cardiovascular (heart) disease risk reduction visit (therapy for heart disease)</p> <p>We pay for one visit a year, or more if medically necessary, with your primary care provider to help lower your risk for heart disease. During the visits, your doctor may:</p> <ul style="list-style-type: none"> • Discuss aspirin use, • Check your blood pressure, and/or • Give you tips to make sure you are eating well. 	\$0
<p> Cardiovascular (heart) disease testing</p> <p>We pay for blood tests to check for cardiovascular disease once every five years (60 months). These blood tests also check for defects due to high risk of heart disease.</p>	\$0
<p> Cervical and vaginal cancer screening</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • For all women: Pap tests and pelvic exams once every 24 months • For women who are at high risk of cervical or vaginal cancer: one Pap test every 12 months • For women who have had an abnormal Pap test within the last 3 years and are of childbearing age: one Pap test every 12 months • For women aged 30-65: human papillomavirus (HPV) testing or Pap plus HPV testing once every 5 years 	\$0



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Chiropractic services</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • Adjustments of the spine to correct alignment <p>Up to 2 outpatient chiropractic services in any one calendar month, or more often if medically necessary with prior authorization.</p> <p>This is a non-opioid pain management alternative.</p>	<p>\$0</p>
<p> Colorectal cancer screening</p> <p>For people 50 and older, we pay for the following services:</p> <ul style="list-style-type: none"> • Flexible sigmoidoscopy (or screening barium enema) every 48 months • Fecal occult blood test, every 12 months • Guaiac-based fecal occult blood test or fecal immunochemical test, every 12 months • DNA based colorectal screening, every 3 years • Colonoscopy every ten years (but not within 48 months of a screening sigmoidoscopy) • Colonoscopy (or screening barium enema) for people at high risk of colorectal cancer, every 24 months. 	<p>\$0</p>
<p>Community Based Adult Services (CBAS)</p> <p>CBAS is an outpatient, facility-based service program where people attend according to a schedule. It delivers skilled nursing care, social services, therapies (including occupational, physical, and speech), personal care, family/caregiver training and support, nutrition services, transportation, and other services. We pay for CBAS if you meet the eligibility criteria.</p> <p>Note: If a CBAS facility is not available, we can provide these services separately.</p> <p>Note: Prior authorization is required.</p>	<p>\$0</p>




If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p> Counseling to stop smoking or tobacco use</p> <p>If you use tobacco, do not have signs or symptoms of tobacco-related disease, and want or need to quit:</p> <ul style="list-style-type: none"> We pay for two quit attempts in a 12-month period as a preventive service. This service is free for you. Each quit attempt includes up to four face-to-face counseling visits. <p>If you use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco:</p> <ul style="list-style-type: none"> We pay for two counseling quit attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. <p>If you are pregnant, you may get unlimited tobacco cessation counseling with prior authorization.</p>	<p>\$0</p>
<p>Dental services</p> <p>Certain dental services, including but not limited to, cleanings, fillings, and dentures, are available through the Medi-Cal Dental Program or FFS Medi-Cal.</p>	<p>\$0</p>
<p> Depression screening</p> <p>We pay for one depression screening each year. The screening must be done in a primary care setting that can give follow-up treatment and referrals.</p>	<p>\$0</p>


If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p> Diabetes screening</p> <p>We pay for this screening (includes fasting glucose tests) if you have any of the following risk factors:</p> <ul style="list-style-type: none"> • High blood pressure (hypertension) • History of abnormal cholesterol and triglyceride levels (dyslipidemia) • Obesity • History of high blood sugar (glucose) <p>Tests may be covered in some other cases, such as if you are overweight and have a family history of diabetes.</p> <p>Depending on the test results, you may qualify for up to two diabetes screenings every 12 months.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p> Diabetic self-management training, services, and supplies</p> <p>We pay for the following services for all people who have diabetes (whether they use insulin or not):</p> <ul style="list-style-type: none"> • Supplies to monitor your blood glucose, including the following: <ul style="list-style-type: none"> ○ A blood glucose monitor ○ Blood glucose test strips ○ Lancet devices and lancets ○ Glucose-control solutions for checking the accuracy of test strips and monitors • For people with diabetes who have severe diabetic foot disease, we pay for the following: <ul style="list-style-type: none"> ○ One pair of therapeutic custom-molded shoes (including inserts), including the fitting, and two extra pairs of inserts each calendar year, or ○ One pair of depth shoes, including the fitting, and three pairs of inserts each year (not including the non-customized removable inserts provided with such shoes) ○ In some cases, we pay for training to help you manage your diabetes. To find out more, contact Customer Service. <p>Note: Prior authorization may be required for DME supplies or items.</p>	<p>\$0</p>
<p>Doula Services</p> <p>For individuals who are pregnant we pay for nine visits with a doula during the prenatal and postpartum period as well as support during labor and delivery.</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Durable medical equipment (DME) and related supplies</p> <p>Refer to the last chapter of your <i>Member Handbook</i> for a definition of “Durable medical equipment (DME).”</p> <p>We cover the following items:</p> <ul style="list-style-type: none"> • Wheelchairs, including electric wheelchairs • Crutches • Powered mattress systems • Dry pressure pad for mattress • Diabetic supplies • Hospital beds ordered by a provider for use in the home • Intravenous (IV) infusion pumps and pole • Enteral pump and supplies • Speech generating devices • Oxygen equipment and supplies • Nebulizers • Walkers • Standard curved handle or quad cane and replacement supplies • Cervical traction (over the door) • Bone stimulator • Dialysis care equipment <p>Other items may be covered.</p> <p style="text-align: center;">This benefit is continued on the next page</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Durable medical equipment (DME) and related supplies (continued)</p> <p>With this Member Handbook, we sent you our plan’s list of DME. The list tells you the brands and makers of DME that we pay for. You may also find the most recent list of brands, makers, and suppliers on our website at www.scfhp.com/dualconnect.</p> <p>Generally, our plan covers any DME covered by Medicare and Medi-Cal from the brands and makers on this list. We do not cover other brands and makers unless your doctor or other provider tells us that you need the brand. However, if you are new to our plan and are using a brand of DME that is not on our list, we will continue to pay for this brand for you for up to 90 days. During this time, talk with your doctor to decide what brand is medically right for you after the 90-day period. (If you disagree with your doctor, you can ask them to refer you for a second opinion.)</p> <p>If you (or your doctor) don’t agree with our plan’s coverage decision, you or your doctor may file an appeal. You can also file an appeal if you don’t agree with your doctor’s decision about what product or brand is right for your medical condition. For more information about appeals, refer to Chapter 9 of your <i>Member Handbook</i>.</p> <p>Note: Prior authorization may be required for DME.</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Emergency care</p> <p>Emergency care means services that are:</p> <ul style="list-style-type: none"> • Given by a provider trained to give emergency services, and • Needed to treat a medical emergency. <p>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:</p> <ul style="list-style-type: none"> • Serious risk to your health or to that of your unborn child; 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, when: <ul style="list-style-type: none"> ○ There is not enough time to safely transfer you to another hospital before delivery. ○ A transfer to another hospital may pose a threat to your health or safety or to that of your unborn child. <p>Emergency/urgent care is not covered outside the U.S. and its territories.</p>	<p style="text-align: center;">\$0</p> <p>If you get emergency care at an out-of-network hospital and need inpatient care after your emergency is stabilized, you must return to a network hospital for your care to continue to be paid for. You can stay in the out-of-network hospital for your inpatient care only if our plan approves your stay.</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Family planning services</p> <p>The law lets you choose any provider for certain family planning services. This means any doctor, clinic, hospital, pharmacy or family planning office.</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • Family planning exam and medical treatment • Family planning lab and diagnostic tests • Family planning methods (IUC/IUD, implants, injections, birth control pills, patch, or ring) • Family planning supplies with prescription (condom, sponge, foam, film, diaphragm, cap) • Counseling and diagnosis of infertility and related services • Counseling, testing, and treatment for sexually transmitted infections (STIs) • Counseling and testing for HIV and AIDS, and other HIV-related conditions • Permanent Contraception (You must be age 21 or older to choose this method of family planning. You must sign a federal sterilization consent form at least 30 days, but not more than 180 days before the date of surgery.) • Genetic counseling <p>We also pay for some other family planning services. However, you must use a provider in our provider network for the following services:</p> <ul style="list-style-type: none"> • Treatment for medical conditions of infertility (This service does not include artificial ways to become pregnant.) • Treatment for AIDS and other HIV-related conditions • Genetic testing <p>Note: Genetic testing and counseling may require prior authorization.</p>	<p>\$0</p>


If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Fitness Benefit</p> <p>A fitness benefit is offered to SCFHP DualConnect members to encourage an active lifestyle and improve their quality of life. Members have choices available at no cost</p> <p>Talk to your doctor before you start or change your exercise routine.</p> <ul style="list-style-type: none"> • Achieve your health and fitness goals with the support you deserve in a welcoming and inclusive environment at your local YMCA of Silicon Valley location. As an SCFHP DualConnect member, your YMCA membership benefits include: <ul style="list-style-type: none"> ○ Access to a wellness coach ○ 600+ group exercise classes that include yoga, Pilates, Zumba, cycling, TRX and aqua fitness led by certified instructors ○ Exercise equipment, basketball gym, indoor and outdoor fitness studios, indoor and outdoor swimming pools and wellness programs* to support you on your wellness journey. <p>To enroll, visit any YMCA of Silicon Valley location and show your SCFHP member ID card. Or, you can sign up online at https://www.ymcasv.org/santa-clara-family-health-plan.</p> <p>*Non-standard services that call for an added fee are not part of the SCFHP DualConnect YMCA membership and will not be reimbursed by YMCA or SCFHP DualConnect.</p> <p>For additional information about YMCA of Silicon Valley or to find a location near you, visit https://www.ymcasv.org/.</p>	<p>\$0</p>




If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p> Health and wellness education programs</p> <p>We offer many programs that focus on certain health conditions. These include:</p> <ul style="list-style-type: none"> • Health Education classes; • Nutrition Education classes; • Smoking and Tobacco Use Cessation; and • Nursing Hotline <p>Note: Prior authorization may be required.</p>	<p>\$0</p>
<p>Hearing services</p> <p>We pay for hearing and balance tests done by your provider. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.</p> <p>Hearing aid benefits are subject to a \$1,510 maximum allowance per member for both ears combined per fiscal year (July 1 – June 30), and includes molds, modifications supplies, and accessories.</p> <p>If you are pregnant or reside in a nursing facility, we also pay for hearing aids, including:</p> <ul style="list-style-type: none"> • Molds, supplies, and inserts • Repairs that cost more than \$25 per repair • An initial set of batteries • Six visits for training, adjustments, and fitting with the same vendor after you get the hearing aid • Trial period rental of hearing aids <p>Replacement of hearing aids that are lost, stolen, or severely damaged beyond the member's control is not included in the \$1,510 maximum coverage amount.</p> <p>Note: Prior authorization may be required.</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p> HIV screening</p> <p>We pay for one HIV screening exam every 12 months for people who:</p> <ul style="list-style-type: none"> • Ask for an HIV screening test, or • Are at increased risk for HIV infection. <p>For women who are pregnant, we pay for up to three HIV screening tests during a pregnancy.</p> <p>We also pay for additional HIV screening(s) when recommended by your provider.</p>	<p>\$0</p>
<p>Home health agency care</p> <p>Before you can get home health services, a doctor must tell us you need them, and they must be provided by a home health agency.</p> <p>We pay for the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> • Part-time or intermittent skilled nursing and home health aide services (To be covered under the home health care benefit, your skilled nursing and home health aide services combined must total fewer than 8 hours per day and 35 hours per week.) • Physical therapy, occupational therapy, and speech therapy • Medical and social services • Medical equipment and supplies <p>Note: Prior authorization may be required.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Home infusion therapy</p> <p>Our plan pays for home infusion therapy, defined as drugs or biological substances administered into a vein or applied under the skin and provided to you at home. The following are needed to perform home infusion:</p> <ul style="list-style-type: none"> • The drug or biological substance, such as an antiviral or immune globulin; • Equipment, such as a pump; and • Supplies, such as tubing or a catheter. <p>Our plan covers home infusion services that include but are not limited to:</p> <ul style="list-style-type: none"> • Professional services, including nursing services, provided in accordance with your care plan; • Member training and education not already included in the DME benefit; • Remote monitoring; and • Monitoring services for the provision of home infusion therapy and home infusion drugs furnished by a qualified home infusion therapy supplier. <p>Note: Prior authorization may be required.</p>	<p>\$0</p>


If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Hospice care</p> <p>You have the right to elect hospice if your provider and hospice medical director determine you have a terminal prognosis. This means you have a terminal illness and are expected to have six months or less to live. You can get care from any hospice program certified by Medicare. The plan must help you find Medicare-certified hospice programs. Your hospice doctor can be a network provider or an out-of-network provider.</p> <p>Our plan pays for the following while you get hospice services:</p> <ul style="list-style-type: none"> • Drugs to treat symptoms and pain • Short-term respite care • Home care <p>Hospice services and services covered by Medicare Part A or B are billed to Medicare.</p> <ul style="list-style-type: none"> • Refer to Section F of this chapter for more information. <p>For services covered by our plan but not covered by Medicare Part A or B:</p> <ul style="list-style-type: none"> • Our plan covers services not covered under Medicare Part A or B. We cover the services whether or not they relate to your terminal prognosis. You pay nothing for these services. <p>For drugs that may be covered by our plan’s Medicare Part D benefit:</p> <ul style="list-style-type: none"> • Drugs are never covered by both hospice and our plan at the same time. For more information, refer to Chapter 5 of your <i>Member Handbook</i>. <p>Note: If you need non-hospice care, call your care coordinator to arrange the services. Non-hospice care is care that is not related to your terminal prognosis.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p> Immunizations</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting hepatitis B • COVID-19 vaccines • Other vaccines if you are at risk and they meet Medicare Part B coverage rules <p>We pay for other vaccines that meet the Medicare Part D coverage rules. Refer to Chapter 6 of your <i>Member Handbook</i> to learn more.</p> <p>We also pay for all vaccines for adults as recommended by the Advisory Committee on Immunization Practices (ACIP).</p> <p>NOTE: Prior authorization may be required for Part B vs De determination.</p>	<p>\$0</p>
<p>Inpatient hospital care</p> <p>We pay for the following services and other medically necessary services not listed here:</p> <ul style="list-style-type: none"> • Semi-private room (or a private room if medically necessary) • Meals, including special diets • Regular nursing services • Costs of special care units, such as intensive care or coronary care units • Drugs and medications • Lab tests • X-rays and other radiology services • Needed surgical and medical supplies <p style="text-align: center;">This benefit is continued on the next page</p>	<p>\$0</p> <p>You must get approval from our plan to get inpatient care at an out-of-network hospital after your emergency is stabilized.</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Inpatient hospital care (continued)</p> <ul style="list-style-type: none"> • Appliances, such as wheelchairs • Operating and recovery room services • Physical, occupational, and speech therapy • Inpatient substance abuse services • In some cases, the following types of transplants: corneal, kidney, kidney/pancreas, heart, liver, lung, heart/lung, bone marrow, stem cell, and intestinal/multivisceral. <p>If you need a transplant, a Medicare-approved transplant center will review your case and decide if you are a candidate for a transplant. Transplant providers may be local or outside of the service area. If local transplant providers are willing to accept the Medicare rate, then you can get your transplant services locally or outside the pattern of care for your community. If our plan provides transplant services outside the pattern of care for our community and you choose to get your transplant there, we arrange or pay for lodging and travel costs for you and one other person.</p> <ul style="list-style-type: none"> • Blood, including storage and administration • Physician services 	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Inpatient services in a psychiatric hospital</p> <p>We pay for mental health care services that require a hospital stay.</p> <ul style="list-style-type: none"> • If you need inpatient services in a freestanding psychiatric hospital, we pay for the first 190 days. After that, the local county mental health agency pays for medically necessary inpatient psychiatric services. Authorization for care beyond the 190 days is coordinated with the local county mental health agency. • The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital. <ul style="list-style-type: none"> ○ If you are 65 years or older, we pay for services you get in an Institute for Mental Diseases (IMD). <p>Note: Prior authorization may be required.</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Inpatient stay: Covered services in a hospital or skilled nursing facility (SNF) during a non-covered inpatient stay</p> <p>We do not pay for your inpatient stay if it is not reasonable and medically necessary.</p> <p>However, in certain situations where inpatient care is not covered, we may pay for services you get while you're in a hospital or nursing facility. To find out more, contact Customer Service.</p> <p>We pay for the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> • Doctor services • Diagnostic tests, like lab tests • X-ray, radium, and isotope therapy, including technician materials and services • Surgical dressings • Splints, casts, and other devices used for fractures and dislocations • Prosthetics and orthotic devices, other than dental, including replacement or repairs of such devices. These are devices that replace all or part of: <ul style="list-style-type: none"> ○ An internal body organ (including contiguous tissue), or ○ The function of an inoperative or malfunctioning internal body organ. • Leg, arm, back, and neck braces, trusses, and artificial legs, arms, and eyes. This includes adjustments, repairs, and replacements needed because of breakage, wear, loss, or a change in your condition • Physical therapy, speech therapy, and occupational therapy <p>Note: Prior authorization may be required.</p>	<p>\$0</p>





If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Kidney disease services and supplies</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • Kidney disease education services to teach kidney care and help you make good decisions about your care. You must have stage IV chronic kidney disease, and your doctor must refer you. We cover up to six sessions of kidney disease education services. • Outpatient dialysis treatments, including dialysis treatments when temporarily out of the service area, as explained in Chapter 3 of your <i>Member Handbook</i>, or when your provider for this service is temporarily unavailable or inaccessible. • Inpatient dialysis treatments if you're admitted as an inpatient to a hospital for special care • Self-dialysis training, including training for you and anyone helping you with your home dialysis treatments • Home dialysis equipment and supplies • Certain home support services, such as necessary visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and to check your dialysis equipment and water supply. <p>Your Medicare Part B drug benefit pays for some drugs for dialysis. For information, refer to "Medicare Part B prescription drugs" in this chart.</p> <p>Note: Prior authorization may be required for treatment or supplies.</p>	<p>\$0</p>


If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p> Lung cancer screening</p> <p>Our plan pays for lung cancer screening every 12 months if you:</p> <ul style="list-style-type: none"> • Are aged 50-77, and • Have a counseling and shared decision-making visit with your doctor or other qualified provider, and • Have smoked at least 1 pack a day for 20 years with no signs or symptoms of lung cancer or smoke now or have quit within the last 15 years. <p>After the first screening, our plan pays for another screening each year with a written order from your doctor or other qualified provider.</p>	<p>\$0</p>
<p> Medical nutrition therapy</p> <p>This benefit is for people with diabetes or kidney disease without dialysis. It is also for after a kidney transplant when ordered by your doctor.</p> <p>We pay for three hours of one-on-one counseling services during your first year that you get medical nutrition therapy services under Medicare. We may approve additional services if medically necessary.</p> <p>We pay for two hours of one-on-one counseling services each year after that. If your condition, treatment, or diagnosis changes, you may be able to get more hours of treatment with a doctor's order. A doctor must prescribe these services and renew the order each year if you need treatment in the next calendar year. We may approve additional services if medically necessary.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p> Medicare Diabetes Prevention Program (MDPP)</p> <p>Our plans pays for MDPP services. MDPP is designed to help you increase healthy behavior. It provides practical training in:</p> <ul style="list-style-type: none"> • Long-term dietary change, and • Increased physical activity, and • Ways to maintain weight loss and a healthy lifestyle. 	<p>\$0</p>
<p>Medicare Part B prescription drugs</p> <p>These drugs are covered under Part B of Medicare. Our plan pays for the following drugs:</p> <ul style="list-style-type: none"> • Drugs you don't usually give yourself and are injected or infused while you get doctor, hospital outpatient, or ambulatory surgery center services • Drugs you take using durable medical equipment (such as nebulizers) that our plan authorized • Clotting factors you give yourself by injection if you have hemophilia • Immunosuppressive drugs, if you were enrolled in Medicare Part A at the time of the organ transplant • Osteoporosis drugs that are injected. We pay for these drugs if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot inject the drug yourself • Antigens • Certain oral anti-cancer drugs and anti-nausea drugs <p>This benefit is continued on the next page</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Medicare Part B prescription drugs (continued)</p> <ul style="list-style-type: none"> • Certain drugs for home dialysis, including heparin, the antidote for heparin (when medically necessary), topical anesthetics, and erythropoiesis-stimulating agents (such as Retacrit) • IV immune globulin for the home treatment of primary immune deficiency diseases <p>The following link takes you to a list of Part B drugs that may be subject to step therapy: www.scfhp.com/dualconnect/member-materials.</p> <p>We also cover some vaccines under our Medicare Part B and Part D prescription drug benefit.</p> <p>Chapter 5 of your <i>Member Handbook</i> explains our outpatient prescription drug benefit. It explains rules you must follow to have prescriptions covered.</p> <p>Chapter 6 of your <i>Member Handbook</i> explains what you pay for your outpatient prescription drugs through our plan.</p>	<p>\$0</p>




If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Nursing facility care</p> <p>A nursing facility (NF) is a place that provides care for people who cannot get care at home but who do not need to be in a hospital.</p> <p>Services that we pay for include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Semiprivate room (or a private room if medically necessary) • Meals, including special diets • Nursing services • Physical therapy, occupational therapy, and speech therapy • Respiratory therapy • Drugs given to you as part of your plan of care. (This includes substances that are naturally present in the body, such as blood-clotting factors.) • Blood, including storage and administration • Medical and surgical supplies usually given by nursing facilities • Lab tests usually given by nursing facilities • X-rays and other radiology services usually given by nursing facilities • Use of appliances, such as wheelchairs usually given by nursing facilities • Physician/practitioner services • Durable medical equipment • Dental services, including dentures • Vision benefits <p style="text-align: center;">This benefit is continued on the next page</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Nursing facility care (continued)</p> <ul style="list-style-type: none"> • Hearing exams • Chiropractic care <ul style="list-style-type: none"> ○ Podiatry services <p>You usually get your care from network facilities. However, you may be able to get your care from a facility not in our network. You can get care from the following places if they accept our plan’s amounts for payment:</p> <ul style="list-style-type: none"> • A nursing home or continuing care retirement community where you were living right before you went to the hospital (as long as it provides nursing facility care). • A nursing facility where your spouse or domestic partner is living at the time you leave the hospital. <p>Note: Prior authorization may be required.</p>	<p>\$0</p>
<p> Obesity screening and therapy to keep weight down</p> <p>If you have a body mass index of 30 or more, we pay for counseling to help you lose weight. You must get the counseling in a primary care setting. That way, it can be managed with your full prevention plan. Talk to your primary care provider to find out more.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Opioid treatment program (OTP) services</p> <p>Our plan pays for the following services to treat opioid use disorder (OUD):</p> <ul style="list-style-type: none"> • Intake activities • Periodic assessments • Medications approved by the Food and Drug Administration (FDA) and, if applicable, managing and giving you these medications • Substance use counseling • Individual and group therapy • Testing for drugs or chemicals in your body (toxicology testing) <p>Note: Prior authorization may be required.</p>	<p>\$0</p>
<p>Outpatient diagnostic tests and therapeutic services and supplies</p> <p>We pay for the following services and other medically necessary services not listed here:</p> <ul style="list-style-type: none"> • X-rays • Radiation (radium and isotope) therapy, including technician materials and supplies • Surgical supplies, such as dressings • Splints, casts, and other devices used for fractures and dislocations • Lab tests • Blood, including storage and administration • Other outpatient diagnostic tests <p>Note: Prior authorization may be required.</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Outpatient hospital services</p> <p>We pay for medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury, such as:</p> <ul style="list-style-type: none"> • Services in an emergency department or outpatient clinic, such as outpatient surgery or observation services <ul style="list-style-type: none"> ○ Observation services help your doctor know if you need to be admitted to the hospital as “inpatient.” ○ Sometimes you can be in the hospital overnight and still be “outpatient.” ○ You can get more information about being inpatient or outpatient in this fact sheet: www.medicare.gov/media/11101 • Labs and diagnostic tests billed by the hospital • Mental health care, including care in a partial-hospitalization program, if a doctor certifies that inpatient treatment would be needed without it • X-rays and other radiology services billed by the hospital • Medical supplies, such as splints and casts • Preventive screenings and services listed throughout the Benefits Chart • Some drugs that you can’t give yourself <p>Note: Prior authorization may be required.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Outpatient mental health care</p> <p>We pay for mental health services provided by:</p> <ul style="list-style-type: none"> • A state-licensed psychiatrist or doctor • A clinical psychologist • A clinical social worker • A clinical nurse specialist • A nurse practitioner • A physician assistant • Any other Medicare-qualified mental health care professional as allowed under applicable state laws <p>We pay for the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> • Clinic services • Day treatment • Psychosocial rehab services • Partial hospitalization or Intensive outpatient programs • Individual and group mental health evaluation and treatment • Psychological testing when clinically indicated to evaluate a mental health outcome • Outpatient services for the purposes of monitoring drug therapy • Outpatient laboratory, drugs, supplies and supplements • Psychiatric consultation <p>Note: Prior authorization may be required.</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Outpatient rehabilitation services</p> <p>We pay for physical therapy, occupational therapy, and speech therapy.</p> <p>You can get outpatient rehabilitation services from hospital outpatient departments, independent therapist offices, comprehensive outpatient rehabilitation facilities (CORFs), and other facilities.</p> <p>Note: Prior authorization may be required.</p>	\$0
<p>Outpatient substance abuse services</p> <p>We pay for the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> • Alcohol misuse screening and counseling • Treatment of drug abuse • Group or individual counseling by a qualified clinician • Subacute detoxification in a residential addiction program • Alcohol and/or drug services in an intensive outpatient treatment center • Extended release Naltrexone (vivitrol) treatment 	\$0
<p>Outpatient surgery</p> <p>We pay for outpatient surgery and services at hospital outpatient facilities and ambulatory surgical centers.</p> <p>Note: Prior authorization may be required.</p>	\$0
<p>Partial hospitalization services</p> <p>Partial hospitalization is a structured program of active psychiatric treatment. It is offered as a hospital outpatient service or by a community mental health center. It is more intense than the care you get in your doctor’s or therapist’s office. It can help keep you from having to stay in the hospital.</p>	\$0



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Physician/provider services, including doctor's office visits</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • Medically necessary health care or surgery services given in places such as: <ul style="list-style-type: none"> ○ Physician's office ○ Certified ambulatory surgical center ○ Hospital outpatient department • Consultation, diagnosis, and treatment by a specialist • Basic hearing and balance exams given by your specialist, if your doctor orders them to find out whether you need treatment • Telehealth services for monthly end-stage renal disease (ESRD) related visits for home dialysis members in a hospital-based or critical access hospital-based renal dialysis center, renal dialysis facility, or at home • Telehealth services to diagnose, evaluate, or treat symptoms of a stroke <p style="text-align: center;">This benefit is continued on the next page</p>	<p style="text-align: center;">\$0</p>


If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Physician/provider services, including doctor's office visits (continued)</p> <ul style="list-style-type: none"> • Telehealth services for members with a substance use disorder or co-occurring mental health disorder • Telehealth services for diagnosis, evaluation, and treatment of mental health disorders if: <ul style="list-style-type: none"> ○ You have an in-person visit within 6 months prior to your first telehealth visit ○ You have an in-person visit every 12 months while receiving these telehealth services ○ Exceptions can be made to the above for certain circumstances • Telehealth services for mental health visits provided by Rural Health Clinics and Federally Qualified Health Centers. • Virtual check-ins (for example, by phone or video chat) with your doctor for 5-10 minutes if <ul style="list-style-type: none"> ○ You're not a new patient and ○ The check-in isn't related to an office visit in the past 7 days and ○ The check-in doesn't lead to an office visit within 24 hours or the soonest available appointment • Evaluation of video and/or images you send to your doctor and interpretation and follow-up by your doctor within 24 hours if <ul style="list-style-type: none"> ○ You're not a new patient and ○ The evaluation isn't related to an office visit in the past 7 days and ○ The evaluation doesn't lead to an office visit within 24 hours or the soonest available appointment <p style="text-align: center;">This benefit is continued on the next page</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Physician/provider services, including doctor's office visits (continued)</p> <ul style="list-style-type: none"> • Consultation your doctor has with other doctors by phone, the Internet, or electronic health record if you're not a new patient • Second opinion by another network provider before surgery • Non-routine dental care. Covered services are limited to: <ul style="list-style-type: none"> ○ Surgery of the jaw or related structures ○ Setting fractures of the jaw or facial bones ○ Pulling teeth before radiation treatments of neoplastic cancer ○ Services that would be covered when provided by a physician 	<p>\$0</p>
<p>Podiatry services</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • Diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs) • Routine foot care for members with conditions affecting the legs, such as diabetes <p>Note: Prior authorization may be required for nursing facility residents.</p>	<p>\$0</p>
<p> Prostate cancer screening exams</p> <p>For men age 50 and older, we pay for the following services once every 12 months:</p> <ul style="list-style-type: none"> • A digital rectal exam • A prostate specific antigen (PSA) test 	<p>\$0</p>


If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Prosthetic devices and related supplies</p> <p>Prosthetic devices replace all or part of a body part or function. We pay for the following prosthetic devices, and maybe other devices not listed here:</p> <ul style="list-style-type: none"> • Colostomy bags and supplies related to colostomy care • Enteral and parenteral nutrition, including feeding supply kits, infusion pump, tubing and adaptor, solutions, and supplies for self-administered injections • Pacemakers • Braces • Prosthetic shoes • Artificial arms and legs • Breast prostheses (including a surgical brassiere after a mastectomy) • Prostheses to replace all or part of an external facial body part that was removed or impaired as a result of disease, injury, or congenital defect • Incontinence cream and diapers <p>We pay for some supplies related to prosthetic devices. We also pay to repair or replace prosthetic devices. We offer some coverage after cataract removal or cataract surgery. Refer to “Vision care” later in this chart for details.</p> <p>We will not pay for prosthetic dental devices.</p> <p>Note: Prior authorization may be required.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Pulmonary rehabilitation services</p> <p>We pay for pulmonary rehabilitation programs for members who have moderate to very severe chronic obstructive pulmonary disease (COPD). You must have an order for pulmonary rehabilitation from the doctor or provider treating the COPD.</p> <p>We pay for respiratory services for ventilator-dependent patients.</p> <p>Note: Prior authorization may be required.</p>	<p>\$0</p>
<p> Sexually transmitted infections (STIs) screening and counseling</p> <p>We pay for screenings for chlamydia, gonorrhea, syphilis, and hepatitis B. These screenings are covered for pregnant women and for some people who are at increased risk for an STI. A primary care provider must order the tests. We cover these tests once every 12 months or at certain times during pregnancy.</p> <p>We also pay for up to two face-to-face, high-intensity behavioral counseling sessions each year for sexually active adults at increased risk for STIs. Each session can be 20 to 30 minutes long. We pay for these counseling sessions as a preventive service only if given by a primary care provider. The sessions must be in a primary care setting, such as a doctor's office.</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Skilled nursing facility (SNF) care</p> <p>We pay for the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> • A semi-private room, or a private room if it is medically necessary • Meals, including special diets • Nursing services • Physical therapy, occupational therapy, and speech therapy • Drugs you get as part of your plan of care, including substances that are naturally in the body, such as blood-clotting factors • Blood, including storage and administration • Medical and surgical supplies given by nursing facilities • Lab tests given by nursing facilities • X-rays and other radiology services given by nursing facilities • Appliances, such as wheelchairs, usually given by nursing facilities • Physician/provider services <p>You usually get your care from network facilities. However, you may be able to get your care from a facility not in our network. You can get care from the following places if they accept our plan’s amounts for payment:</p> <ul style="list-style-type: none"> • A nursing home or continuing care retirement community where you lived before you went to the hospital (as long as it provides nursing facility care) • A nursing facility where your spouse or domestic partner lives at the time you leave the hospital <p>Note: Prior authorization may be required.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Supervised exercise therapy (SET)</p> <p>We pay for SET for members with symptomatic peripheral artery disease (PAD) who have a referral for PAD from the physician responsible for PAD treatment.</p> <p>Our plan pays for:</p> <ul style="list-style-type: none"> • Up to 36 sessions during a 12-week period if all SET requirements are met • An additional 36 sessions over time if deemed medically necessary by a health care provider <p>The SET program must be:</p> <ul style="list-style-type: none"> • 30 to 60-minute sessions of a therapeutic exercise-training program for PAD in members with leg cramping due to poor blood flow (claudication) • In a hospital outpatient setting or in a physician’s office • Delivered by qualified personnel who make sure benefit exceeds harm and who are trained in exercise therapy for PAD • Under the direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist trained in both basic and advanced life support techniques 	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p>Transportation: Non-emergency medical transportation</p> <p>This benefit allows for transportation that is the most cost effective and accessible. This can include: ambulance, litter van, wheelchair van medical transportation services, and coordinating with para transit.</p> <p>The forms of transportation are authorized when:</p> <ul style="list-style-type: none"> Your medical and/or physical condition does not allow you to travel by bus, passenger car, taxicab, or another form of public or private transportation, and <p>Depending on the service, prior authorization may be required.</p> <p>Non-emergency medical transportation (NEMT) requires the completion of a physician certification statement (PCS) form to determine the appropriate level of service. This form must be completed by your treating physician prior to the services being arranged or provided.</p> <p>NEMT must be pre-approved by SCFHP DualConnect and arranged at least 5 business days before your scheduled appointment. Please login to the mySCFHP member portal at www.member.scfhp.com or call SCFHP DualConnect Customer Service to arrange transportation at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.</p>	<p>\$0</p>




If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p>Transportation: Non-medical transportation</p> <p>This benefit allows for transportation to medical services by passenger car, taxi, or other forms of public/private transportation.</p> <p>Transportation is required for the purpose of obtaining needed medical care, including travel to dental appointments and to pick up prescription drugs.</p> <p>This benefit does not limit your non-emergency medical transportation benefit.</p> <p>Non-medical transportation (NMT) requires you to provide an attestation in person, electronically or over the phone that you do not have other transportation resources.</p> <p>NMT must be pre-approved by SCFHP DualConnect and arranged at least 3 business days before your scheduled appointment. Please login to the mySCFHP member portal at www.member.scfhp.com or call SCFHP DualConnect Customer Service to arrange transportation at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.</p>	<p>\$0</p>
<p>Urgent care</p> <p>Urgent care is care given to treat:</p> <ul style="list-style-type: none"> • A non-emergency that requires immediate medical care, or • A sudden medical illness, or • An injury, or • A condition that needs care right away. <p>If you require urgent care, you should first try to get it from a network provider. However, you can use out-of-network providers when you can't get to a network provider (for example, when you are outside the plan's service area or during the weekend).</p> <p>This coverage is within the United States and its territories.</p>	<p>\$0</p>


If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Services that our plan pays for	What you must pay
<p> Vision care</p> <p>We pay for the following services:</p> <ul style="list-style-type: none"> • One routine eye exam every year and • Up to \$200 for eyeglasses (frames and lenses) or up to \$200 for contact lenses every two years. <p>We pay for outpatient doctor services for the diagnosis and treatment of diseases and injuries of the eye. For example, this includes annual eye exams for diabetic retinopathy for people with diabetes and treatment for age-related macular degeneration.</p> <p>For people at high risk of glaucoma, we pay for one glaucoma screening each year. People at high risk of glaucoma include:</p> <ul style="list-style-type: none"> • People with a family history of glaucoma • People with diabetes • African-Americans who are age 50 and older • Hispanic Americans who are 65 or older <p>We pay for one pair of glasses or contact lenses after each cataract surgery when the doctor inserts an intraocular lens.</p> <p>If you have two separate cataract surgeries, you must get one pair of glasses after each surgery. You cannot get two pairs of glasses after the second surgery, even if you did not get a pair of glasses after the first surgery.</p>	<p>\$0</p>



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Services that our plan pays for	What you must pay
<p> “Welcome to Medicare” preventive visit</p> <p>We cover the one-time “Welcome to Medicare” preventive visit. The visit includes:</p> <ul style="list-style-type: none"> • A review of your health, • Education and counseling about the preventive services you need (including screenings and shots), and • Referrals for other care if you need it. <p>Note: We cover the “Welcome to Medicare” preventive visit only during the first 12 months that you have Medicare Part B. When you make your appointment, tell your doctor’s office you want to schedule your “Welcome to Medicare” preventive visit.</p>	<p>\$0</p>

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



E. Benefits covered outside of our plan

We don't cover the following services, but they are available through Original Medicare or Medi-Cal fee-for service.

E1. California Community Transitions (CCT)

The California Community Transitions (CCT) program uses local Lead Organizations to help eligible Medi-Cal beneficiaries, who have lived in an inpatient facility for at least 90 consecutive days, transition back to, and remaining safely in, a community setting. The CCT program funds transition coordination services during the pre-transition period and for 365 days post transition to assist beneficiaries with moving back to a community setting.

You can get transition coordination services from any CCT Lead Organization that serves the county you live in. You can find a list of CCT Lead Organizations and the counties they serve on the Department of Health Care Services website at: www.dhcs.ca.gov/services/ltc/Pages/CCT.

For CCT transition coordination services

Medi-Cal pays for the transition coordination services. You pay nothing for these services.

For services not related to your CCT transition

The provider bills us for your services. Our plan pays for the services provided after your transition. You pay nothing for these services.

While you get CCT transition coordination services, we pay for services listed in the Benefits Chart in **Section D**.

No change in drug coverage benefit

The CCT program does **not** cover drugs. You continue to get your normal drug benefit through our plan. For more information, refer to **Chapter 5** of your *Member Handbook*.

Note: If you need non-CCT transition care, call your care coordinator to arrange the services. Non-CCT transition care is care not related to your transition from an institution or facility.

E2. Medi-Cal Dental Program

Certain dental services are available through the Medi-Cal Dental Program; includes but is not limited to, services such as:

- Initial examinations, X-rays, cleanings, and fluoride treatments



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Restorations and crowns
- Root canal therapy
- Dentures, adjustments, repairs, and relines

Dental benefits are available in the Medi-Cal Dental Program as fee-for-service. For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free. Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at dental.dhcs.ca.gov/ for more information.

In addition to the fee-for-service Medi-Cal Dental Program, you may get dental benefits through a dental managed care plan. Dental managed care plans are available in Los Angeles County. If you want more information about dental plans, need assistance identifying your dental plan, or want to change dental plans, contact Health Care Options at 1-800-430-4263 (TTY users call 1-800-430-7077), Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

E3. Hospice care

You have the right to elect hospice if your provider and hospice medical director determine you have a terminal prognosis. This means you have a terminal illness and are expected to have six months or less to live. You can get care from any hospice program certified by Medicare. The plan must help you find Medicare-certified hospice programs. Your hospice doctor can be a network provider or an out-of-network provider.

Refer to the Benefits Chart in **Section D** for more information about what we pay for while you are getting hospice care services.

For hospice services and services covered by Medicare Part A or B that relate to your terminal prognosis

- The hospice provider bills Medicare for your services. Medicare pays for hospice services related to your terminal prognosis. You pay nothing for these services.

For services covered by Medicare Part A or B that are not related to your terminal prognosis (except for emergency care or urgently needed care)

- The provider will bill Medicare for your services. Medicare will pay for the services covered by Medicare Part A or B. You pay nothing for these services.

For drugs that may be covered by our plan's Medicare Part D benefit

- Drugs are never covered by both hospice and our plan at the same time. For more information, refer to **Chapter 5** of your *Member Handbook*.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Note: If you need non-hospice care, call your care coordinator to arrange the services. Non-hospice care is care not related to your terminal prognosis.

F. Benefits not covered by our plan, Medicare, or Medi-Cal

This section tells you about benefits excluded by our plan. “Excluded” means that we do not pay for these benefits. Medicare and Medi-Cal do not for them either.

The list below describes some services and items not covered by us under any conditions and some excluded by us only in some cases.

We do not pay for excluded medical benefits listed in this section (or anywhere else in this *Member Handbook*) except under specific conditions listed. Even if you receive the services at an emergency facility, the plan will not pay for the services. If you think that our plan should pay for a service that is not covered, you can request an appeal. For information about appeals, refer to **Chapter 9** of your *Member Handbook*.

In addition to any exclusions or limitations described in the Benefits Chart, our plan does not cover the following items and services:

- Services considered not “reasonable and medically necessary,” according to Medicare and Medi-Cal standards, unless we list these as covered services.
- Experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them. Refer to **Chapter 3** of your *Member Handbook* for more information on clinical research studies. Experimental treatment and items are those that are not generally accepted by the medical community.
- Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.
- A private room in a hospital, except when medically necessary.
- Private duty nurses except for members under the age of 21 pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).
- Personal items in your room at a hospital or a nursing facility, such as a telephone or television.
- Full-time nursing care in your home.
- Fees charged by your immediate relatives or members of your household.
- Meals delivered to your home except as a limited benefit restricted to those with specific needs as determined by an Individualized Care Plan.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.
- Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
- Chiropractic care, other than manual manipulation of the spine consistent with coverage guidelines.
- Routine foot care, except as described in Podiatry services in the Benefits Chart in **Section D**.
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
- Radial keratotomy, LASIK surgery
- Reversal of sterilization procedures and non-prescription contraceptive supplies.
- Naturopath services (the use of natural or alternative treatments).
- Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference. You are still responsible for your cost-sharing amounts.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Chapter 5: Getting your outpatient prescription drugs

Introduction

This chapter explains rules for getting your outpatient prescription drugs. These are drugs that your provider orders for you that you get from a pharmacy or by mail-order. They include drugs covered under Medicare Part D and Medi-Cal. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

We also cover the following drugs, although they are not discussed in this chapter:

- **Drugs covered by Medicare Part A.** These generally include drugs given to you while you are in a hospital or nursing facility.
- **Drugs covered by Medicare Part B.** These include some chemotherapy drugs, some drug injections given to you during an office visit with a doctor or other provider, and drugs you are given at a dialysis clinic. To learn more about what Medicare Part B drugs are covered, refer to the Benefits Chart in **Chapter 4** of your *Member Handbook*.

Rules for our plan's outpatient drug coverage

We usually cover your drugs as long as you follow the rules in this section.

1. You must have a doctor or other provider write your prescription, which must be valid under applicable state law. This person often is your primary care provider (PCP). It could also be another provider if your primary care provider has referred you for care.
2. Your prescriber must **not** be on Medicare's Exclusion or Preclusion Lists or any similar Medicaid lists, State Medicaid Exclusion List and State Sanctioned or any similar State Medicaid lists.
3. You generally must use a network pharmacy to fill your prescription.
4. Your prescribed drug must be on our plan's *List of Covered Drugs*. We call it the "Drug List" for short.
 - If it is not on the Drug List, we may be able to cover it by giving you an exception.
 - Refer to **Chapter 9** to learn about asking for an exception.
 - Please also note that the request to cover your prescribed drug will be evaluated under both Medicare and Medi-Cal standards.
5. Your drug must be used for a medically accepted indication. This means that use of the drug is either approved by the Food and Drug Administration or supported by certain medical references. Your doctor may be able to help you identify medical references to support the requested use of the prescribed drug



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Table of Contents

A.	Getting your prescriptions filled.....	119
A1.	Filling your prescription at a network pharmacy	119
A2.	Using your plan ID card when you fill a prescription	119
A3.	What to do if you change your network pharmacy.....	119
A4.	What to do if your pharmacy leaves the network.....	120
A5.	Using a specialized pharmacy.....	120
A6.	Using mail-order services to get your drugs	120
A7.	Getting a long-term supply of drugs	122
A8.	Using a pharmacy not in our plan’s network.....	122
A9.	Paying you back for a prescription	122
B.	Our plan’s Drug List	123
B1.	Drugs on our Drug List	123
B2.	How to find a drug on our Drug List.....	123
B3.	Drugs not on our Drug List	124
B4.	Drug List tiers	125
C.	Limits on some drugs.....	125
D.	Reasons your drug might not be covered	126
D1.	Getting a temporary supply	126
E.	Coverage changes for your drugs.....	128
F.	Drug coverage in special cases	130
F1.	In a hospital or a skilled nursing facility for a stay that our plan covers	130
F2.	In a long-term care facility	130
F3.	In a Medicare-certified hospice program	130
G.	Programs on drug safety and managing drugs	131

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



G1. Programs to help you use drugs safely	131
G2. Programs to help you manage your drugs.....	131
G3. Drug management program for safe use of opioid medications	132

A. Getting your prescriptions filled

A1. Filling your prescription at a network pharmacy

In most cases, we pay for prescriptions only when filled at any of our network pharmacies. A network pharmacy is a drug store that agrees to fill prescriptions for our plan members. You may use any of our network pharmacies.

To find a network pharmacy, look in the *Provider and Pharmacy Directory*, visit our website or contact Customer Service.

A2. Using your plan ID card when you fill a prescription

To fill your prescription, **show your plan ID card** at your network pharmacy. The network pharmacy bills us for your covered prescription drug.

Remember, you need your Medi-Cal card or Benefits Identification Card (BIC) to access Medi-Cal Rx covered drugs.

If you don't have your plan ID card or BIC with you when you fill your prescription, ask the pharmacy to call us to get the necessary information.

If the pharmacy can't get the necessary information, you may have to pay the full cost of the prescription when you pick it up. Then you can ask us to pay you back. **If you can't pay for the drug, state and federal law permit the pharmacy to issue no less than a 72-hour supply of your needed prescription in an emergency. Contact Customer Service right away.** We will do everything we can to help.

- To ask us to pay you back, refer to **Chapter 7** of your *Member Handbook*.
- If you need help getting a prescription filled, contact Customer Service.

A3. What to do if you change your network pharmacy

If you change pharmacies and need a prescription refill, you can either ask to have a new prescription written by a provider or ask your pharmacy to transfer the prescription to the new pharmacy if there are any refills left.

If you need help changing your network pharmacy, contact Customer Service.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

A4. What to do if your pharmacy leaves the network

If the pharmacy you use leaves our plan's network, you need to find a new network pharmacy.

To find a new network pharmacy, look in the *Provider and Pharmacy Directory*, visit our website, or contact Customer Service.

A5. Using a specialized pharmacy

Sometimes prescriptions must be filled at a specialized pharmacy. Specialized pharmacies include:

- Pharmacies that supply drugs for home infusion therapy.
- Pharmacies that supply drugs for residents of a long-term care facility, such as a nursing home.
 - Usually, long-term care facilities have their own pharmacies. If you're a resident of a long-term care facility, we make sure you can get the drugs you need at the facility's pharmacy.
 - If your long-term care facility's pharmacy is not in our network or you have difficulty accessing your drug benefits in a long-term care facility, contact Customer Service.
- Pharmacies that serve the Indian Health Service/Tribal/Urban Indian Health Program. Except in emergencies, only Native Americans or Alaska Natives may use these pharmacies.
- Pharmacies that dispense drugs that are restricted by the FDA to certain locations or that require special handling, provider coordination, or education on their use. (Note: This scenario should happen rarely.)

To find a specialized pharmacy, look in the *Provider and Pharmacy Directory*, visit our website, or contact Customer Service.

A6. Using mail-order services to get your drugs

For certain kinds of drugs, you can use our plan's network mail-order services. Generally, 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 up to a 90-day supply. A 90-day supply has the same copay as a one-month supply.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Filling prescriptions by mail

To get information about filling your prescriptions by mail, call Customer Service or go to www.scfhp.com/dualconnect.

Usually, a mail-order prescription arrives within 10 days. However, sometimes your mail-order prescription may be delayed. If delivery is delayed, you may contact your provider 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.

Mail-order processes

Mail-order service has different procedures for new prescriptions it gets from you, new prescriptions it gets directly from your provider's office, and refills on your mail-order prescriptions.

1. New prescriptions the pharmacy gets from you

The pharmacy automatically fills and delivers new prescriptions it gets from you.

2. New prescriptions the pharmacy gets from your provider's office

After the pharmacy gets a prescription from a health care provider, it contacts you to find out if you want the medication filled immediately or at a later time.

- This gives you an opportunity to make sure the pharmacy is delivering the correct drug (including strength, amount, and form) and, if needed, allows you to stop or delay the order before it is shipped.
- Respond each time the pharmacy contacts you, to let them know what to do with the new prescription and to prevent any delays in shipping.

3. Refills on mail-order prescriptions

For refills, contact your pharmacy 10 days before your current prescription will run out to make sure your next order is shipped to you in time. If you have difficulty and need assistance, please contact your care coordinator at 1-877-590-8999 (TTY: 711), Monday through Friday, 8:30 a.m. to 5 p.m.

Let the pharmacy know the best ways to contact you so they can reach you to confirm your order before shipping. Call MedImpact Direct Customer Service to update your contact information at 1-855-873-8739 (TTY: 711), Monday through Friday, 5 a.m. to 5 p.m. and Saturday 6 a.m. to 2 p.m.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

A7. Getting a long-term supply of drugs

You can get a long-term supply of maintenance drugs on our plan's Drug List. Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition. When you get a long-term supply of drugs, your copay may be lower.

Some network pharmacies allow you to get a long-term supply of maintenance drugs. A 90-day supply has the same copay as a one-month supply. The *Provider and Pharmacy Directory* tells you which pharmacies can give you a long-term supply of maintenance drugs. You can also call Customer Service for more information.

For certain kinds of drugs, you can use our plan's network mail-order services to get a long-term supply of maintenance drugs. Refer to **Section A6** to learn about mail-order services.

A8. Using a pharmacy not in our plan's network

Generally, we pay for drugs filled at an out-of-network pharmacy only when you aren't able to use a network pharmacy. We have network pharmacies outside of our service area where you can get your prescriptions filled as a member of our plan.

We pay for prescriptions filled at an out-of-network pharmacy in the following cases:

- When filling a specialized drug that is otherwise not available at a network pharmacy
- When filling a drug that has limited distribution
- When filling a drug in an emergency situation when network pharmacies are not available, such as emergency illness while traveling or during a declared disaster

In these cases, check with Customer Service first to find out if there's a network pharmacy nearby.

A9. Paying you back for a prescription

If you must use an out-of-network pharmacy, you must generally pay the full cost when you get your prescription. You can ask us to pay you back.

If you pay the full cost for your prescription that may be covered by Medi-Cal Rx, you may be able to be reimbursed by the pharmacy once Medi-Cal Rx pays for the prescription. Alternatively, you may ask Medi-Cal Rx to pay you back by submitting the "Medi-Cal Out-of-Pocket Expense Reimbursement (Conlan)" claim. More information can be found on the Medi-Cal Rx website: medi-calrx.dhcs.ca.gov/home/.

To learn more about this, refer to **Chapter 7** of your *Member Handbook*.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



B. Our plan's Drug List

We have a *List of Covered Drugs*. We call it the “Drug List” for short.

We select the drugs on the Drug List with the help of a team of doctors and pharmacists. The Drug List also tells you the rules you need to follow to get your drugs.

We generally cover a drug on our plan's Drug List when you follow the rules we explain in this chapter.

B1. Drugs on our Drug List

Our Drug List includes drugs covered under Medicare.

Most of the prescription drugs you get from a pharmacy are covered by your plan. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting your prescriptions through Medi-Cal Rx.

Our Drug List includes brand name drugs, generic drugs, and biosimilars.

A brand name drug is a prescription drug that is sold under a trademarked name owned by the drug manufacturer. Brand name drugs that are more complex than typical drugs (for example drugs that are based on a protein) are called biological products. On our Drug List, when we refer to “drugs” this could mean a drug or a biological product.

Generic drugs have the same active ingredients as brand name drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, generic drugs and biosimilars work just as well as brand-name drugs or biological products and usually cost less. There are generic drug substitutes or biosimilar alternatives available for many brand name drugs and some biological products. Talk to your provider if you have questions about whether a generic or a brand name drug will meet your needs.

Our plan also covers certain OTC drugs and products. Some OTC drugs cost less than prescription drugs and work just as well. For more information, call Customer Service.

B2. How to find a drug on our Drug List

To find out if a drug you take is on our Drug List, you can:

- Check the most recent Drug List we sent you in the mail.
- Visit our plan's website at www.scfhp.com/dualconnect. The Drug List on our website is always the most current one.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Call Customer Service to find out if a drug is on our Drug List or to ask for a copy of the list.
- Drugs that are not covered by Part D may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (medi-calrx.dhcs.ca.gov/) for more information

B3. Drugs not on our Drug List

We don't cover all prescription drugs. Some drugs are not on our Drug List because the law doesn't allow us to cover those drugs. In other cases, we decided not to include a drug on our Drug List. If a drug was prescribed that is not on our Drug List, your prescription drug needs will always be evaluated under our plan's coverage policies, as well as Medicare coverage rules.

Our plan does not pay for the drugs listed in this section. These are called **excluded drugs**. If you get a prescription for an excluded drug, you must need to pay for it yourself. If you think we should pay for an excluded drug because of your case, you can make an appeal. Refer to **Chapter 9** of your *Member Handbook* for more information about appeals.

Here are three general rules for excluded drugs:

1. Our plan's outpatient drug coverage (which includes Part D) cannot pay for a drug that Medicare Part A or Part B already covers. Our plan covers drugs covered under Medicare Part A or Part B for free, but these drugs aren't considered part of your outpatient prescription drug benefits.
2. Our plan cannot cover a drug purchased outside the United States and its territories.
3. Use of the drug must be approved by the Food and Drug Administration (FDA) or supported by certain medical references as a treatment for your condition. Your doctor may prescribe a certain drug to treat your condition, even though it wasn't approved to treat the condition. This is called "off-label use." Our plan usually doesn't cover drugs prescribed for off-label use.

Also, by law, Medicare or Medi-Cal cannot cover the types of drugs listed below.

- Drugs used to promote fertility
- Drugs used for cosmetic purposes or to promote hair growth
- Drugs used for the treatment of sexual or erectile dysfunction, such as Viagra®, Cialis®, Levitra®, and Caverject®
- Outpatient drugs made by a company that says you must have tests or services done only by them

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



B4. Drug List tiers

Every drug on our Drug List is in one tier. A tier is a group of drugs of generally the same type (for example, brand name, generic, or over-the-counter (OTC) drugs).

Tier 1 drugs are:

- Generic drugs,
- Brand name drugs,

The copay for Tier 1 drugs is \$0.

To find out which tier your drug is in, look for the drug on our Drug List.

Chapter 6 of your *Member Handbook* tells the amount you pay for drugs in each tier.

C. Limits on some drugs

For certain prescription drugs, special rules limit how and when our plan covers them. Generally, our rules encourage you to get a drug that works for your medical condition and is safe and effective. When a safe, lower-cost drug works just as well as a higher-cost drug, we expect your provider to prescribe the lower-cost drug.

If there is a special rule for your drug, it usually means that you or your provider must take extra steps for us to cover the drug. For example, your provider may have to tell us your diagnosis or provide results of blood tests first. If you or your provider thinks our rule should not apply to your situation, ask us to make an exception. We may or may not agree to let you use the drug without taking extra steps.

To learn more about asking for exceptions, refer to **Chapter 9** of your *Member Handbook*.

1. Limiting use of a brand name drug when a generic version is available

Generally, a generic drug works the same as a brand name drug and usually costs less. In most cases, if there is a generic version of a brand name drug available, our network pharmacies give you the generic version.

- We usually do not pay for the brand name drug when there is an available generic version.
- However, if your provider told us the medical reason that the generic drug or other covered drugs that treat the same condition will not work for you, then we cover the brand name drug.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

2. Getting plan approval in advance

For some drugs, you or your doctor must get approval from our plan before you fill your prescription. If you don't get approval, we may not cover the drug.

3. Trying a different drug first

In general, we want you to try lower-cost drugs that are as effective before we cover drugs that cost more. For example, if Drug A and Drug B treat the same medical condition, and Drug A costs less than Drug B, we may require you to try Drug A first.

If Drug A does **not** work for you, then we cover Drug B. This is called step therapy.

4. Quantity limits

For some drugs, we limit the amount of the drug you can have. This is called a quantity limit. For example, we might limit how much of a drug you can get each time you fill your prescription.

To find out if any of the rules above apply to a drug you take or want to take, check our Drug List. For the most up-to-date information, call Customer Service or check our website at www.scfhp.com/dualconnect. If you disagree with our coverage or exception request decision, you may request an appeal. For more information about this, refer to **Chapter 9, Section E**.

D. Reasons your drug might not be covered

We try to make your drug coverage work well for you, but sometimes a drug may not be covered in the way that you like. For example:

- Our plan doesn't cover the drug you want to take. The drug may not be on our Drug List. We may cover a generic version of the drug but not the brand name version you want to take. A drug may be new, and we haven't reviewed it for safety and effectiveness yet.
- Our plan covers the drug, but there are special rules or limits on coverage for the drug. As explained in the section above, some drugs our plan covers have rules that limit their use. In some cases, you or your prescriber may want to ask us for an exception.

There are things you can do if we don't cover a drug the way you want us to cover it.

D1. Getting a temporary supply

In some cases, we can give you a temporary supply of a drug when the drug is not on our Drug List or is limited in some way. This gives you time to talk with your provider about getting a different drug or to ask us to cover the drug.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



To get a temporary supply of a drug, you must meet the two rules below:

1. The drug you've been taking:
 - is no longer on our Drug List **or**
 - was never on our Drug List **or**
 - is now limited in some way
2. You must be in one of these situations:
 - You are new to our plan.
 - We cover a temporary supply of your drug **during the first 90 days of your membership in our plan.**
 - This temporary supply is for up to 31 days.
 - If your prescription is written for fewer days, we allow multiple refills to provide up to a maximum of 31 days of medication. You must fill the prescription at a network pharmacy.
 - Long-term care pharmacies may provide your prescription drug in small amounts at a time to prevent waste.
 - You have been in our plan for more 90 days, live in a long-term care facility, and need a supply right away.
 - We cover one 31-day supply, or less if your prescription is written for fewer days. This is in addition to the temporary supply above.
 - If you are transitioning between different levels of care (for example, into or out of a long-term care facility or a hospital), SCFHP will cover up to a one-month supply of drug for you to use in your new setting. This will take care of any restrictions that may exist during this transition period.
 - To ask for a temporary supply of a drug, call Customer Service.

When you get a temporary supply of a drug, talk with your provider as soon as possible to decide what to do when your supply runs out. Here are your choices:

- Change to another drug.

Our plan may cover a different drug that works for you. Call Customer Service to ask for a list of drugs we cover that treat the same medical condition. The list can help your provider find a covered drug that may work for you.

OR

- Ask for an exception.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

You and your provider can ask us to make an exception. For example, you can ask us to cover a drug that is not on our Drug List or ask us to cover the drug without limits. If your provider says you have a good medical reason for an exception, they can help you ask for one.

If a drug you take will be taken off our Drug List or limited in some way next year, we allow you to ask for an exception before next year.

- We tell you about any change in the coverage for your drug for next year. Ask us to make an exception and cover the drug for next year the way you would like.
- We answer your request for an exception within 72 hours after we get your request (or your prescriber's supporting statement).

To learn more about asking for an exception, refer to **Chapter 9** of your *Member Handbook*.

If you need help asking for an exception, contact Customer Service. If you disagree with our coverage or exception request decision, you may request an appeal (For more information about this, refer to **Section E** in **Chapter 9**).

E. Coverage changes for your drugs

Most changes in drug coverage happen on January 1, but we may add or remove drugs on our Drug List during the year. We may also change our rules about drugs. For example, we may:

- Decide to require or not require prior approval for a drug (permission from us before you can get a drug).
- Add or change the amount of a drug you can get (quantity limits).
- Add or change step therapy restrictions on a drug (you must try one drug before we cover another drug).

For more information on these drug rules, refer to **Section C**.

If you take a drug that we covered at the **beginning** of the year, we generally will not remove or change coverage of that drug **during the rest of the year** unless:

- A new, cheaper drug comes on the market that works as well as a drug on our Drug List now, **or**
- We learn that a drug is not safe, **or**
- A drug is removed from the market.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



To get more information on what happens when our Drug List changes, you can always:

- Check our current Drug List online at www.scfhp.com/dualconnect **or**
- Call Customer Service at the number at the bottom of the page to check our current Drug List.

Some changes to our Drug List happen **immediately**. For example:

- A new generic drug becomes available. Sometimes, a new generic drug comes on the market that works as well as a brand name drug on our Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug stays the same.

When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we send you information about the specific change we made once it happens.
- You or your provider can ask for an “exception” from these changes. We send you a notice with the steps you can take to ask for an exception. Refer to **Chapter 9** of your *Member Handbook* for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug’s manufacturer takes a drug off the market, we take it off our Drug List. If you are taking the drug, we tell you. You should contact your provider to discuss what to do for your medical condition.

We may make other changes that affect the drugs you take. We tell you in advance about these other changes to our Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on our Drug List or
 - Change the coverage rules or limits for the brand name drug.
- We add a generic drug **and**
 - Replace a brand name drug currently on the Drug List or
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we:

- Tell you at least 30 days before we make the change to our Drug List **or**
- Let you know and give you a 31-day supply of the drug after you ask for a refill.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

This gives you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on our Drug List you can take instead or
- If you should ask for an exception from these changes. To learn more about asking for exceptions, refer to **Chapter 9** of your *Member Handbook*.

We may make changes to drugs you take that do not affect you now. For such changes, if you are taking a drug we covered at the **beginning** of the year, we generally do not remove or change coverage of that drug **during the rest of the year**.

For example, if we remove a drug you are taking or limit its use, then the change does not affect your use of the drug for the rest of the year.

F. Drug coverage in special cases

F1. In a hospital or a skilled nursing facility for a stay that our plan covers

If you are admitted to a hospital or skilled nursing facility for a stay our plan covers, we generally cover the cost of your prescription drugs during your stay. You will not pay a copay. Once you leave the hospital or skilled nursing facility, we cover your drugs as long as the drugs meet all of our coverage rules.

F2. In a long-term care facility

Usually, a long-term care facility, such as a nursing home, has their own pharmacy or a pharmacy that supplies drugs for all of their residents. If you live in a long-term care facility, you may get your prescription drugs through the facility's pharmacy if it is part of our network.

Check your *Provider and Pharmacy Directory* to find out if your long-term care facility's pharmacy is part of our network. If it is not or if you need more information, contact Customer Service.

F3. In a Medicare-certified hospice program

Drugs are never covered by both hospice and our plan at the same time.

- You may be enrolled in a Medicare hospice and require a pain, anti-nausea, laxative, or anti-anxiety drug that your hospice does not cover because it is not related to your terminal prognosis and conditions. In that case, our plan must get notification from the prescriber or your hospice provider that the drug is unrelated before we can cover the drug.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- To prevent delays in getting any unrelated drugs that our plan should cover, you can ask your hospice provider or prescriber to make sure we have the notification that the drug is unrelated before you ask a pharmacy to fill your prescription.

If you leave hospice, our plan covers all of your drugs. To prevent any delays at a pharmacy when your Medicare hospice benefit ends, take documentation to the pharmacy to verify that you left hospice.

Refer to earlier parts of this chapter that tell about drugs our plan covers. Refer to **Chapter 4** of your *Member Handbook* for more information about the hospice benefit.

G. Programs on drug safety and managing drugs

G1. Programs to help you use drugs safely

Each time you fill a prescription, we look for possible problems, such as drug errors or drugs that:

- May not be needed because you take another drug that does the same thing
- May not be safe for your age or gender
- Could harm you if you take them at the same time
- Have ingredients that you are or may be allergic to
- Have unsafe amounts of opioid pain medications

If we find a possible problem in your use of prescription drugs, we work with your provider to correct the problem.

G2. Programs to help you manage your drugs

You may take medications for different medical conditions and/or are in a Drug Management Program to help you use your opioid medications safely. In such cases, you may be eligible to get services, at no cost to you, through a medication therapy management (MTM) program. This program helps you and your provider make sure that your medications are working to improve your health. A pharmacist or other health professional will give you a comprehensive review of all of your medications and talk with you about:

- How to get the most benefit from the drugs you take
- Any concerns you have, like medication costs and drug reactions
- How best to take your medications
- Any questions or problems you have about your prescription and over-the-counter medication



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Then, they will give you:

- A written summary of this discussion. The summary has a medication action plan that recommends what you can do for the best use of your medications.
- A personal medication list that includes all medications you take and why you take them.
- Information about safe disposal of prescription medications that are controlled substances.

It's a good idea to schedule your medication review before your yearly "Wellness" visit, so you can talk to your doctor about your action plan and medication list.

- Take your action plan and medication list to your visit or anytime you talk with your doctors, pharmacists, and other health care providers.
- Take your medication list with you if you go to the hospital or emergency room.

Medication therapy management programs are voluntary and free to members who qualify. If we have a program that fits your needs, we enroll you in the program and send you information. If you do not want to be in the program, let us know, and we will take you out of it.

If you have questions about these programs, contact Customer Service.

G3. Drug management program for safe use of opioid medications

Our plan has a program that can help members safely use their prescription opioid medications and other medications that are frequently misused. This program is called a Drug Management Program (DMP).

If you use opioid medications that you get from several doctors or pharmacies or if you had a recent opioid overdose, we may talk to your doctors to make sure your use of opioid medications is appropriate and medically necessary. Working with your doctors, if we decide your use of prescription opioid benzodiazepine medications is not safe, we may limit how you can get those medications. Limitations may include:

- Requiring you to get all prescriptions for those medications from certain pharmacies and/or from certain doctors
- Limiting the amount of those medications we cover for you

If we think that one or more limitations should apply to you, we send you a letter in advance. The letter explains the limitations we think should apply.

You will have a chance to tell us which doctors or pharmacies you prefer to use and any information you think is important for us to know. If we decide to limit your

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



coverage for these medications after you have a chance to respond, we send you another letter that confirms the limitations.

If you think we made a mistake, you disagree that you are at risk for prescription drug misuse, or you disagree with the limitation, you and your prescriber can make an appeal. If you make an appeal, we will review your case and give you a written decision. If we continue to deny any part of your appeal related to limitations to your access to these medications, we automatically send your case to an Independent Review Organization. To learn more about appeals and the Independent Review Organization, refer to **Chapter 9** of your *Member Handbook*.)

The DMP may not apply to you if you:

- Have certain medical conditions, such as cancer or sickle cell disease,
- Are getting hospice, palliative, or end-of-life care, **or**
- Live in a long-term care facility.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Chapter 6: What you pay for your Medicare and Medi-Cal prescription drugs

Introduction

This chapter tells what you pay for your outpatient prescription drugs. By “drugs,” we mean:

- Medicare Part D prescription drugs, **and**
- Drugs and items covered under Medi-Cal Rx, **and**
- Drugs and items covered by our plan as additional benefits.

Because you are eligible for Medi-Cal, you get “Extra Help” from Medicare to help pay for your Medicare Part D prescription drugs.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

Other key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

To learn more about prescription drugs, you can look in these places:

- Our *List of Covered Drugs*.
 - We call this the “Drug List.” It tells you:
 - Which drugs we pay for
 - If there are any limits on the drugs
 - If you need a copy of our Drug List, call Customer Service. You can also find the most current copy of our Drug List on our website at www.scfhp.com/dualconnect.
 - Most of the prescription drugs you get from a pharmacy are covered by Medicare Part D. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (medi-calrx.dhcs.ca.gov/) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.”



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- **Chapter 5** of your *Member Handbook*.
 - It tells how to get your outpatient prescription drugs through our plan.
 - It includes rules you need to follow. It also tells which types of prescription drugs our plan does not cover.
- Our *Provider and Pharmacy Directory*.
 - In most cases, you must use a network pharmacy to get your covered drugs. Network pharmacies are pharmacies that agree to work with us.
 - The *Provider and Pharmacy Directory* lists our network pharmacies. Refer to **Chapter 5** of your *Member Handbook* more information about network pharmacies.

Table of Contents

A. The Explanation of Benefits (EOB)	135
B. How to keep track of your drug costs.....	136
C. You pay nothing for a one-month or long-term supply of drugs	137
C1. Our tiers.....	137
C2. Your pharmacy choices	137
C3. Getting a long-term supply of a drug	138
C4. What you pay	138
D. Vaccinations	139
D1. What you need to know before you get a vaccination	139

A. The Explanation of Benefits (EOB)

Our plan keeps track of your prescription drugs. We keep track of two types of costs:

- Your **out-of-pocket costs**. This is the amount of money you, or others on your behalf, pay for your prescriptions.
- Your **total drug costs**. This is the amount of money you, or others on your behalf, pay for your prescriptions, plus the amount we pay.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

When you get prescription drugs through our plan, we send you a summary called the *Part D Explanation of Benefits each month*. We call it the Part D EOB for short. The Part D EOB has more information about the drugs you take. The Part D EOB includes:

- **Information for the month.** The summary tells what prescription drugs you got. It shows the total drug costs, what we paid, and what you and others paying for you paid.
- **Year-to-date information.** This is your total drug costs and total payments made since January 1.
- **Drug price information.** This is the total price of the drug and the percentage change in the drug price since the first fill.
- **Lower cost alternatives.** When available, they appear in the summary below your current drugs. You can talk to your prescriber to find out more.

We offer coverage of drugs not covered under Medicare.

- We also pay for some over-the-counter drugs. You do not have to pay anything or these drugs.
- Most of the prescription drugs you get from a pharmacy are covered by the plan. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit Medi-Cal Rx website (medi-calrx.dhcs.ca.gov/) for more information. You can also call the Medi-Cal customer service center at 800-977-2273. Please bring your Medi-Cal beneficiary identification card (BIC) when getting prescriptions through Medi-Cal Rx.
- To find out which drugs our plan covers, refer to our Drug List.

B. How to keep track of your drug costs

To keep track of your drug costs and the payments you make, we use records we get from you and from your pharmacy. Here is how you can help us:

1. Use your plan ID card.

Show your SCFHP DualConnect ID card every time you get a prescription filled. This helps us know what prescriptions you fill and what you pay.

2. Make sure we have the information we need.

Give us copies of receipts for drugs that you paid for. You can ask us to pay you back for the drug.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Here are some times when you should give us copies of your receipts:

- When you buy a covered drug at a network pharmacy at a special price or using a discount card that is not part of our plan's benefit
- When you pay a copay for drugs that you get under a drug maker's patient assistance program
- When you buy covered drugs at an out-of-network pharmacy
- When you pay the full price for a covered drug

For more information about asking us to pay you back for a drug, refer to **Chapter 7** of your *Member Handbook*.

3. Send us information about payments others have made for you.

Payments made by certain other people and organizations also count toward your out-of-pocket costs. For example, payments made by an AIDS drug assistance program, the Indian Health Service, and most charities count toward your out-of-pocket costs.

4. Check the EOBs we send you.

When you get a Part D EOB in the mail, make sure it is complete and correct. If you think something is wrong or missing, or if you have any questions, call Customer Service. Keep these Part D EOBs. They are an important record of your drug expenses.

C. You pay nothing for a one-month or long-term supply of drugs

With our plan, you pay nothing for covered drugs as long as you follow our rules.

C1. Our tiers

Tiers are groups of drugs on our plan's Drug List. Every drug on our Drug List is in one tier. You have no copays for prescription and OTC drugs on our Drug List. To find the tiers for your drugs, refer to our Drug List.

- Tier 1 drugs are generic, brand name, and biosimilar drugs. The copay is \$0.

C2. Your pharmacy choices

How much you pay for a drug depends on whether you get the drug from:

- a network pharmacy, **or**
- an out-of-network pharmacy.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

In limited cases, we cover prescriptions filled at out-of-network pharmacies. Refer to **Chapter 5** of your *Member Handbook* to find out when we do that. Refer to **Chapter 9** to learn about how to file an appeal if you are told a drug will not be covered.

To learn more about these pharmacy choices, refer to **Chapter 5** of your *Member Handbook* and our *Provider and Pharmacy Directory*.

C3. Getting a long-term supply of a drug

For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply. There is no cost to you for a long-term supply.

For details on where and how to get a long-term supply of a drug, refer to **Chapter 5** of your *Member Handbook* or our *Provider and Pharmacy Directory*.

C4. What you pay

Contact Customer Service to find out how much your copay is for any covered drug.

Most of the prescription drugs you get from a pharmacy are covered by the plan. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit Medi-Cal Rx website (medi-calrx.dhcs.ca.gov/) for more information. You can also call the Medi-Cal customer service center at 1-800-977-2273. Please bring your Medi-Cal beneficiary identification card (BIC) when getting prescriptions through Medi-Cal Rx.



Your share of the cost when you get a one-month or long-term supply of a covered prescription drug from:

	A network pharmacy	Our plan's mail-order service	A network long-term care pharmacy	An out-of-network pharmacy
	A one-month or up to a 90-day supply	A one-month or up to a 90-day supply	Up to a 90-day supply	Up to a 31-day supply. Coverage is limited to certain cases. Refer to Chapter 5 of your <i>Member Handbook</i> for details.
Cost-sharing Tier 1 (Generic drugs and brand name drugs)	\$0	\$0	\$0	\$0

For information about which pharmacies can give you long-term supplies, refer to our plan's *Provider and Pharmacy Directory*.

D. Vaccinations

Important Message About What You Pay for Vaccines - Our plan covers most Medicare Part D vaccines at no cost to you. There are two parts to our coverage of Medicare Part D vaccinations:

1. The first part of coverage is for the cost of **the vaccine itself**. The vaccine is a prescription drug.
2. The second part of coverage is for the cost of **giving you the vaccine**. For example, sometimes you may get the vaccine as a shot given to you by your doctor.

D1. What you need to know before you get a vaccination

We recommend that you call Customer Service if you plan to get a vaccination.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- We can tell you about how our plan covers your vaccination.
- We can tell you how to keep your costs down by using network pharmacies and providers. Network pharmacies and providers agree to work with our plan. A network provider works with us to ensure that you have no upfront costs for a Part D vaccine.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Chapter 7: Asking us to pay a bill you got for covered services or drugs

Introduction

This chapter tells you how and when to send us a bill to ask for payment. It also tells you how to make an appeal if you do not agree with a coverage decision. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Table of Contents

A. Asking us to pay for your services or drugs	141
B. Sending us a request for payment	143
B1. Health care services and items	143
B2. Prescription drugs	144
C. Coverage decisions	145
D. Appeals.....	145

A. Asking us to pay for your services or drugs

Our network providers must bill the health plan for your covered services and drugs after you get them. A network provider works with the health plan. **If you get a bill for the full cost of health care or drugs, do not pay the bill and send the bill to us.** To send us a bill, refer to **Section B**.

- If we cover the services or drugs, we will pay the provider directly.
- If we cover the services or drugs and you already paid more than your share of the cost; it is your right to be paid back.
- If we do not cover the services or drugs, we will tell you.

Contact Customer Service if you have any questions. If you do not know what you should have paid, or if you get a bill and you don't know what to do about it, we can help. You can also call if you want to tell us information about a request for payment you already sent to us.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Here are examples of times when you may need to ask us to pay you back or to pay a bill you got:

1. When you get emergency or urgently needed health care from an out-of-network provider Refer to **Chapter 3, Section D4, page 49.**

Ask the provider to bill us.

- If you pay the full amount when you get the care, ask us to pay you back. Send us the bill and proof of any payment you made.
- You may get a bill from the provider asking for payment that you think you don't owe. Send us the bill and proof of any payment you made.
 - If the provider should be paid, we will pay the provider directly.
 - If you already paid for the service, we will pay you back.
- Refer to **Chapter 5** of your *Member Handbook* to learn more about out-of-network pharmacies.

2. When a network provider sends you a bill

Network providers must always bill us. Show your plan ID card when you get any services or prescriptions. Improper or inappropriate billing occurs when a provider (such as a doctor or hospital) bills you more than our cost sharing amount for services. Call Customer Service if you get any bills. Do not pay the bill.

- Because we pay the entire cost for your services, you are not responsible for paying any costs. Providers should not bill you anything for these services.
- Whenever you get a bill from a network provider, send us the bill. We will contact the provider directly and take care of the problem.
- If you already paid a bill from a network provider, send us the bill and proof of any payment you made. We will pay you back.

3. When you use an out-of-network pharmacy to get a prescription filled

If you use an out-of-network pharmacy, you pay the full cost of your prescription.

- In only a few cases, we cover prescriptions filled at out-of-network pharmacies. Send us a copy of your receipt when you ask us to pay you back.
- Refer to **Chapter 5** of your *Member Handbook* to learn more about out-of-network pharmacies.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



4. When you pay the full prescription cost because you don't have your plan ID card with you

If you don't have your plan ID card with you, you can ask the pharmacy to call us or look up your plan enrollment information.

- If the pharmacy can't get the information right away, you may have to pay the full prescription cost yourself or return to the pharmacy with your plan ID card.
- Send us a copy of your receipt when you ask us to pay you back.

5. When you pay the full prescription cost for a drug that's not covered

You may pay the full prescription cost because the drug isn't covered.

- The drug may not be on our List of Covered Drugs (Drug List) on our website, or it may have a requirement or restriction that you don't know about or don't think applies to you. If you decide to get the drug, you may need to pay the full cost.
 - If you don't pay for the drug but think we should cover it, you can ask for a coverage decision (refer to **Chapter 9** of your *Member Handbook*).
 - If you and your doctor or other prescriber think you need the drug right away, you can ask for a fast coverage decision (refer to **Chapter 9** of your *Member Handbook*).
- Send us a copy of your receipt when you ask us to pay you back. In some cases, we may need to get more information from your doctor or other prescriber to pay you back for the drug.

When you send us a request for payment, we review it and decide whether the service or drug should be covered. This is called making a "coverage decision." If we decide the service or drug should be covered, we pay for it.

If we deny your request for payment, you can appeal our decision. To learn how to make an appeal, refer to **Chapter 9** of your *Member Handbook*.

B. Sending us a request for payment

B1. Health care services and items

Send us your bill and proof of any payment you made. Proof of payment can be a copy of the check you wrote or a receipt from the provider. **It's a good idea to make a copy of your bill and receipts for your records.** You can ask your care coordinator for help.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

To make sure you give us all the information we need to make a decision, submit the following information in writing:

- A copy of the itemized bill with the date, list of services, procedure codes, and details on the diagnosis or reason for the visit,
- Chart notes or medical notes
- Proof of payment,
- The member's name and address,
- The member identification number on the member ID card,
- The name and address of each provider that you paid,
- 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:

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

You may also call us to ask for payment. Call SCFHP DualConnect Customer Service at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

You must submit your claim to us within 365 days of the date you got the service, item, or drug.

B2. Prescription drugs

Send MedImpact your bill and proof of any payment you have made. Proof of payment can be a copy of the check you wrote or a receipt from the provider. **It is a good idea to make a copy of your bill and receipts for your records.** You can call SCFHP DualConnect Customer Service to ask for help.

To make sure you are giving us all the information we need to make a decision, you can fill out our claim form (Part D Prescription Drug Claim Form) to make your request for payment.

- You do not have to use the form, but it will help us process the information faster.
- You can get a copy of the form on our website (www.scfhp.com/dualconnect), or you can call SCFHP DualConnect Customer Service and ask for the form.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Mail your request for payment together with any bills or receipts to MedImpact at this address:

MedImpact Healthcare Systems, Inc.
P.O. Box 509108
San Diego, CA 92150-9108

Or send your request by fax to 1-858-549-1569.

Call SCFHP DualConnect Customer Service at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

You must submit your claim to MedImpact within 365 days of the date you got the item or drug.

C. Coverage decisions

When we get your request for payment, we make a coverage decision. This means that we decide if our plan covers your service, item, or drug. We also decide the amount of money, if any, you must pay.

- We let you know if we need more information from you.
- If we decide that our plan covers the service, item, or drug and you followed all the rules for getting it, we pay for it. If you already paid for the service or drug, we will mail you a check for what you paid. If you haven't paid, we pay the provider directly.

Chapter 3 of your *Member Handbook* explains the rules for getting your services covered. **Chapter 5** of your *Member Handbook* explains the rules for getting your Medicare Part D prescription drugs covered.

- If we decide not to pay for the service or drug, we send you a letter with the reasons. The letter also explains your rights to make an appeal.
- To learn more about coverage decisions, refer to **Chapter 9**.

D. Appeals

If you think we made a mistake in turning down your request for payment, you can ask us to change our decision. This is called “making an appeal.” You can also make an appeal if you don't agree with the amount we pay.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

The formal appeals process has detailed procedures and deadlines. To learn more about appeals, refer to **Chapter 9** of your *Member Handbook*:

- To make an appeal about getting paid back for a health care service, refer to **Section F**.
- To make an appeal about getting paid back for a drug, refer to **Section G**.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Chapter 8: Your rights and responsibilities

Introduction

This chapter includes your rights and responsibilities as a member of our plan. We must honor your rights. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Table of Contents

A. Your right to get services and information in a way that meets your needs	148
B. Our responsibility for your timely access to covered services and drugs	152
C. Our responsibility to protect your personal health information (PHI)	153
C1. How we protect your PHI	154
C2. Your right to look at your medical records	154
D. Our responsibility to give you information	154
E. Inability of network providers to bill you directly	155
F. Your right to leave our plan	156
G. Your right to make decisions about your health care	156
G1. Your right to know your treatment choices and make decisions	156
G2. Your right to say what you want to happen	157
G3. What to do if your instructions are not followed	158
H. Your right to make complaints and ask us to reconsider our decisions	158
H1. What to do about unfair treatment or to get more information about your rights	159
I. Your responsibilities as a plan member	159



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

A. Your right to get services and information in a way that meets your needs

We must ensure **all** services are provided to you in a culturally competent and accessible manner. We must also tell you about our plan's benefits and your rights in a way that you can understand. We must tell you about your rights each year that you are in our plan.

- To get information in a way that you can understand, call Customer Service. Our plan has free interpreter services available to answer questions in different languages.
- Our plan can also give you in languages other than English and in formats such as large print, braille, or audio. To obtain materials in one of these alternative formats, please call or write to

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

Phone number: 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

- If you would like to make a standing request to get materials, now and in the future, in a language other than English, Spanish, Vietnamese, Chinese, or Tagalog, or in an alternate format, call SCFHP DualConnect Customer Service.

If you have trouble getting information from our plan because of language problems or a disability and you want to file a complaint, call:

- Medicare at 1-800-MEDICARE (1-800-633-4227). You can call 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.
- Medi-Cal Office of Civil Rights at 916-440-7370. TTY users should call 711.

Debemos asegurar que **todos** los servicios se le presten de una manera culturalmente competente y accesible. También debemos contarle los beneficios de nuestro plan y sus derechos de una manera que usted pueda comprender. Debemos contarle sus derechos cada año que usted esté en nuestro plan.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- Para conseguir información de una manera que usted pueda comprender, llame a Servicio al cliente. Nuestro plan tiene servicios gratuitos de interpretación para responder preguntas en distintos idiomas.
- Nuestro plan también puede darle material en idiomas que no sean el inglés y en formatos como letra grande, braille o audio. Para conseguir material en uno de estos formatos alternativos, llame o escriba a

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

Número de teléfono: 1-877-723-4795 (TTY: 711), 7 días de la semana, 8 a.m. a 8 p.m.

- Si quiere pedir que siempre le manden los materiales ahora y en el futuro, en un idioma que no sea inglés, español, vietnamita, chino o tagalo, o en un formato alternativo, llame a SCFHP DualConnect Customer Service.

Si tiene problemas consiguiendo la información de su plan por una barrera lingüística o por una discapacidad y quiere presentar una queja, llame:

- Medicare at 1-800-MEDICARE (1-800-633-4227). Puede llamar las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048.
- U.S. Department of Health and Human Services, Oficina de Derechos Civiles al 1-800-368-1019. Los usuarios de TTY deben llamar al 1-800-537-7697.
- Oficina de Medi-Cal de Derechos civiles al 916-440-7370. Los usuarios de TTY deben llamar al 711.

Chúng tôi phải đảm bảo **tất cả** các dịch vụ được cung cấp cho quý vị hợp với văn hóa và dễ tiếp cận được. Chúng tôi cũng phải cho quý vị biết về các quyền lợi của chương trình của chúng tôi và các quyền của quý vị theo cách dễ hiểu đối với quý vị. Chúng tôi phải cho quý vị biết về các quyền của quý vị mỗi năm trong khi quý vị đang ở trong chương trình của chúng tôi.

- Để nhận thông tin theo cách mà quý vị có thể hiểu được, hãy gọi cho Dịch Vụ Khách Hàng. Chương trình của chúng tôi có các dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi bằng các ngôn ngữ khác nhau.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Chương trình của chúng tôi cũng có thể cung cấp cho quý vị các ngôn ngữ khác ngoài tiếng Anh và ở các định dạng như chữ in khổ lớn, chữ nổi Braille, hoặc âm thanh. Để nhận tài liệu ở một trong các định dạng thay thế này, vui lòng gọi điện hoặc viết thư gửi tới

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

Số điện thoại: 1-877-723-4795 (TTY: 711), 7 ngày một tuần, 8 giờ sáng đến 8 giờ tối

- Nếu quý vị muốn đưa ra yêu cầu thường trực để nhận tài liệu, ngay bây giờ và trong tương lai, bằng một ngôn ngữ không phải là tiếng Anh, tiếng Tây Ban Nha, tiếng Việt, tiếng Trung, hoặc tiếng Tagalog hoặc ở định dạng nào khác, hãy gọi Dịch Vụ Khách Hàng DualConnect của SCFHP.

Nếu quý vị gặp khó khăn khi nhận thông tin từ chương trình của chúng tôi vì các trở ngại về ngôn ngữ hoặc khuyết tật và quý vị muốn nộp đơn khiếu nại, hãy gọi:

- Medicare theo số 1-800-MEDICARE (1-800-633-4227). Quý vị có thể gọi 24 giờ một ngày, 7 ngày một tuần. Người dùng TTY nên gọi số 1-877-486-2048.
- Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ, Văn Phòng Dân Quyền theo số 1-800-368-1019. Người dùng TTY nên gọi số 1-800-537-7697.
- Medi-Cal Office of Civil Rights theo số 916-440-7370. Người dùng TTY nên gọi số 711.

我们必须确保以符合文化能力且易于获取的方式向您提供**所有的**服务。我们还必须以您能理解的方式说明我们计划的福利和您的权利。我们也必须每年向您说明您在我们计划中享有的权利。

- 若要以您能理解的方式获取信息，请致电客户服务部。我们的计划提供免费的口译服务，可以用不同的语言回答问题。
- 我们的计划还可以为您提供英语以外的语言版本，以及大字体、盲文或音频等格式。若要获取这些替代格式之一的材料，请致电或写信至

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

电话号码：1-877-723-4795 (TTY: 711) · 每周 7 天 · 早上 8 点到晚上 8 点。

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- 如果您想要在现在和将来以英语、西班牙语、越南语、中文或他加禄语以外的语言或以其他格式获取材料，请致电 SCFHP DualConnect 客户服务部提出长期请求。

如果您因语言问题或残疾而无法从我们的计划中获得信息，并想提出投诉，请致电：

- Medicare，电话：1-800-MEDICARE (1-800-633-4227)。您可以一周 7 天、每天 24 小时打电话。TTY 用户应拨打 1-877-486-2048。
- 美国卫生与公众服务部民权办公室电话：1-800-368-1019。TTY 用户应拨打 1-800-537-7697。
- Medi-Cal 民权办公室，电话：916-440-7370。TTY 用户应拨打 711。

Dapat naming tiyaking ibinibigay sa iyo ang **lahat** ng serbisyo nang ayon sa iyong kultura at sa paraan na maaaring i-akses. Dapat din namin sabihin sa iyo ang tungkol sa mga benepisyo sa aming plano at iyong mga karapatan sa paraang mauunawaan mo. Dapat naming sabihin sa iyo ang tungkol sa iyong mga karapatan bawat taon na ikaw ay nasa aming plano.

- Upang makakuha ng impormasyon sa isang paraan na nauunawaan mo, tumawag sa Customer Service. Ang aming plano ay may mga libreng serbisyo ng interpreter para sagutin ang mga tanong sa iba't ibang mga wika.
- Ang aming plano ay maaari ring magbigay sa iyo ng nasa mga wika na bukod sa Ingles at sa mga pormat na tulad ng malaking paglimbag, braille, o audio. Para makakuha ng mga materyal na nasa isa sa mga alternatibong pormat na ito, mangyaring tumawag o sumulat sa:

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

Numero ng telepono: 1-877-723-4795 (TTY: 711), 7 araw sa isang linggo, mula 8 a.m. hanggang 8 p.m.

- Kung gusto mong gumawa ng patuloy na kahilingan para makakuha ng mga materyales, ngayon at sa hinaharap, sa wika na bukod sa Ingles, Espanyol, Vietnamese, Chinese, o Tagalog, o sa isang alternatibong pormat, tumawag sa Customer Service ng SCFHP DualConnect.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Kung nagkakaproblema ka sa pagkuha ng impormasyon mula sa aming plano dahil sa mga problema sa wika o kapansanan at gusto mong maghain ng reklamo, tumawag sa:

- Medicare sa 1-800-MEDICARE (1-800-633-4227). Maaari kang tumawag nang 24 na oras sa isang araw, 7 araw sa isang linggo. Ang mga gumagamit ng TTY ay dapat tumawag sa 1-877-486-2048.
- U.S. Department of Health and Human Services, Office for Civil Rights sa 1-800-368-1019. Ang mga gumagamit ng TTY ay dapat tumawag sa 1-800-537-7697.
- Medi-Cal Office of Civil Rights sa 916-440-7370. Ang mga gumagamit ng TTY ay dapat tumawag sa 711.

B. Our responsibility for your timely access to covered services and drugs

You have rights as a member of our plan.

- You have the right to choose a primary care provider (PCP) in our network. A network provider is a provider who works with us. You can find more information about what types of providers may act as a PCP and how to choose a PCP in **Chapter 3** of your *Member Handbook*.
 - Call Customer Service or look in the *Provider and Pharmacy Directory* to learn more about network providers and which doctors are accepting new patients.
- Women have the right to a women's health specialist without getting a referral. A referral is approval from your PCP to use a provider that is not your PCP.
- You have the right to get covered services from network providers within a reasonable amount of time.
 - This includes the right to get timely service from specialists.
 - If you can't get services within a reasonable amount of time, we must pay for out-of-network care.
- You have the right to get emergency services or care that is urgently needed without prior approval.
- You have the right to get your prescriptions filled at any of our network pharmacies without long delays.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- You have the right to know when you can use an out-of-network provider. To learn about out-of-network providers, refer to **Chapter 3** of your *Member Handbook*.
- When you first join our plan, you have the right to keep your current providers and service authorizations for up to 12 months if certain conditions are met. To learn more about keeping your providers and service authorizations, refer to **Chapter 1** of your *Member Handbook*.
- You have the right to make your own healthcare decisions with help from your care team and care coordinator.

Chapter 9 of your *Member Handbook* tells what you can do if you think you aren't getting your services or drugs within a reasonable amount of time. It also tells what you can do if we denied coverage for your services or drugs and you don't agree with our decision.

C. Our responsibility to protect your personal health information (PHI)

We protect your personal health information (PHI) as required by federal and state laws. Your PHI includes information you gave us when you enrolled in our plan. It also includes your medical records and other medical and health information.

You have rights to your information and to control how your PHI is used. We give you a written notice that tells you about these rights and explains how we protect the privacy of your PHI. The notice is called the "Notice of Privacy Practice."

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

You may request confidential communications by calling SCFHP DualConnect Customer Service at 1-877-723-4795, 7 days a week, 8 a.m. to 8 p.m. or by writing to:



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

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

C1. How we protect your PHI

We make sure that no unauthorized people look at or change your records.

Except for the cases noted below, we don't give your PHI to anyone not providing your care or paying for your care. If we do, we must get written permission from you first. You, or someone legally authorized to make decisions for you, can give written permission.

Sometimes we don't need to get your written permission first. These exceptions are allowed or required by law:

- We must release PHI to government agencies checking on our plan's quality of care.
- We must release PHI by court order.
- We must give Medicare your PHI. If Medicare releases your PHI for research or other uses, they do it according to federal laws. We are also required to give Medi-Cal your health and drug information. If Medi-Cal releases your information for research or other uses, it will be done according to federal laws.

C2. Your right to look at your medical records

- You have the right to look at your medical records and to get a copy of your records.
- You have the right to ask us to update or correct your medical records. If you ask us to do this, we work with your health care provider to decide if changes should be made.
- You have the right to know if and how we shared your PHI with others.

If you have questions or concerns about the privacy of your PHI, call Customer Service.

D. Our responsibility to give you information

As a member of our plan, you have the right to get information from us about our plan, our network providers, and your covered services.

If you don't speak English, we have interpreter services to answer questions you have about our plan. To get an interpreter, call us at 1-877-723-4795 (TTY: 711), 7 days a

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



week, 8 a.m. to 8 p.m. This is a free service to you. We have written materials available in Spanish, Vietnamese, Chinese, and Tagalog. We can also give you information in large print, braille, or audio.

If you want information about any of the following, call Customer Service:

- How to choose or change plans
- Our plan, including:
 - financial information
 - how plan members have rated us
 - the number of appeals made by members
 - how to leave our plan
- Our network providers and our network pharmacies, including:
 - how to choose or change primary care providers
 - qualifications of our network providers and pharmacies
 - how we pay providers in our network
- Covered services and drugs and about rules you must follow, including:
 - services (refer to **Chapter 3** and **Chapter 4** of your *Member Handbook*) and drugs (refer to **Chapter 5** and **Chapter 6** of your *Member Handbook*) covered by our plan
 - limits to your coverage and drugs
 - rules you must follow to get covered services and drugs
- Why something is not covered and what you can do about it (refer to **Chapter 9** of your *Member Handbook*), including asking us to:
 - put in writing why something is not covered
 - change a decision we made
 - pay for a bill you got

E. Inability of network providers to bill you directly

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot balance bill or charge you if we pay less than the amount the provider charged. To learn what to do if a network provider tries to charge you for covered services, refer to **Chapter 7** of your *Member Handbook*.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

F. Your right to leave our plan

No one can make you stay in our plan if you do not want to.

- You have the right to get most of your health care services through Original Medicare or another Medicare Advantage plan.
- You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from another Medicare Advantage plan.
- Refer to **Chapter 10** of your *Member Handbook*:
 - For more information about when you can join a new Medicare Advantage or prescription drug benefit plan.
 - For information about how you will get your Medi-Cal benefits if you leave our plan.

G. Your right to make decisions about your health care

You have the right to full information from your doctors and other health care providers to help you make decisions about your health care.

G1. Your right to know your treatment choices and make decisions

Your providers must explain your condition and your treatment choices in a way that you can understand. You have the right to:

- **Know your choices.** You have the right to be told about different treatment options.
- **Know the risks.** You have the right to be told about any risks involved. We must tell you in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
- **Get a second opinion.** You have the right to use another doctor before deciding on treatment.
- **Say no.** You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to. You have the right to stop taking a prescribed drug. If you refuse treatment or stop taking a prescribed drug, we will not drop you from our plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
- **Ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider denied care that you think you should get.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- **Ask us to cover a service or drug that we denied or usually don't cover.** This is called a coverage decision. **Chapter 9** of your *Member Handbook* tells how to ask us for a coverage decision.

G2. Your right to say what you want to happen

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:

- Fill out a written form **giving someone the right to make health care decisions for you.**
- **Give your doctors written instructions** about how to handle your health care if you become unable to make decisions for yourself, including care you do **not** want.

The legal document that you use to give your directions is called an “advance directive.” There are different types of advance directives and different names for them. Examples are a living will and a power of attorney for health care.

You are not required to have an advance directive, but you can. Here's what to do if you want to use an advance directive:

- **Get the form.** You can get the form from your doctor, a lawyer, a legal services agency, or a social worker. Pharmacies and provider offices often have the forms. You can find a free form online and download it. You can also contact Customer Service to ask for the form.
- **Fill out the form and sign it.** The form is a legal document. You should consider having a lawyer or someone else you trust, such as a family member or your PCP, help you complete it.
- **Give copies to people who need to know.** You should give a copy of the form to your doctor. You should also give a copy to the person you name to make decisions for you. You may want to give copies to close friends or family members. Keep a copy at home.
- If you are being hospitalized and you have a signed advance directive, **take a copy of it to the hospital.**
 - The hospital will ask if you have a signed advance directive form and if you have it with you.
 - If you don't have a signed advance directive form, the hospital has forms and will ask if you want to sign one.

You have the right to:



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Have your advance directive placed in your medical records.
- Change or cancel your advance directive at any time.
- Learn about changes to advance directive laws. SCFHP DualConnect will tell you about changes to the state law no later than 90 days after the change.

Having an advance directive is **your** choice. Call Customer Service for more information.

G3. What to do if your instructions are not followed

If you signed an advance directive and you think a doctor or hospital didn't follow the instructions in it, you can make a complaint with:

- with SCFHP DualConnect; or
- about a doctor with the Medical Board of California. For information about how to file a complaint with the Medical Board of California, call 1-800-633-2322, or
- about a hospital with the California Department of Public Health (CDPH).
 - To file a complaint with CDPH, fill out the online consumer complaint form at <http://hfcis.cdph.ca.gov/longtermcare/consumercomplaint.aspx>.
 - You may also contact the CDPH Licensing and Certification District Office for the district in which the hospital is located; or
 - You may call the CDPH Consumer Information System at 1-800-236-9747.

H. Your right to make complaints and ask us to reconsider our decisions

Chapter 9 of your *Member Handbook* tells you what you can do if you have any problems or concerns about your covered services or care. For example, you can ask us to make a coverage decision, make an appeal to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other plan members have filed against us. Call Customer Service to get this information.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



H1. What to do about unfair treatment or to get more information about your rights

If you think we treated you unfairly – and it is **not** about discrimination for reasons listed in **Chapter 11** of your *Member Handbook* – or you want more information about your rights, you can call:

- Customer Service at 1-877-723-4795 (TTY: 711).
- The Health Insurance Counseling and Advocacy Program (HICAP) program at 1-408-350-3200 (TTY: 711). For more details about HICAP, refer to **Chapter 2**.
- The Ombuds Program at 1-888-452-8609. For more details about this program, refer to **Chapter 2** of your *Member Handbook*.
- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. (You can also read or download “Medicare Rights & Protections,” found on the Medicare website at www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf.)

I. Your responsibilities as a plan member

As a plan member, you have a responsibility to do the things that are listed below. If you have any questions, call Customer Service.

- **Read the *Member Handbook*** to learn what our plan covers and the rules to follow to get covered services and drugs. For details about your:
 - Covered services, refer to **Chapter 3 and Chapter 4** of your *Member Handbook*. Those chapters tell you what is covered, what is not covered, what rules you need to follow, and what you pay.
 - Covered drugs, refer to **Chapter 5 and Chapter 6** of your *Member Handbook*.
- **Tell us about any other health or prescription drug coverage** you have. We must make sure you use all of your coverage options when you get health care. Call Customer Service if you have other coverage.
- **Tell your doctor and other health care providers** that you are a member of our plan. Show your plan ID card when you get services or drugs.
- **Help your doctors** and other health care providers give you the best care.
 - Give them information they need about you and your health. Learn as much as you can about your health problems. Follow the treatment plans and instructions that you and your providers agree on.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Make sure your doctors and other providers know about all of the drugs you take. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
- Ask any questions you have. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you don't understand the answer, ask again.
- **Work with your care coordinator** including completing an annual health risk assessment.
- **Be considerate.** We expect all plan members to respect the rights of others. We also expect you to act with respect in your doctor's office, hospitals, and with other providers.
- **Tell us about any services you receive outside of our plan.**
- **Tell us if you move.** If you plan to move, tell us right away. Call Customer Service.
 - **If you move outside of our service area you cannot stay in our plan.** Only people who live in our service area can be members of this plan. **Chapter 1** of your *Member Handbook* tells you about our service area.
 - We can help you find out if you're moving outside our service area.
 - Tell Medicare and Medi-Cal your new address when you move. Refer to **Chapter 2** of your *Member Handbook* for phone numbers for Medicare and Medi-Cal.
 - **If you move and stay in our service area, we still need to know.** We need to keep your membership record up to date and know how to contact you.
- Tell us if you have a new phone number or a better way to contact you.
- Call Customer Service for help if you have questions or concerns.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Chapter 9: What to do if you have a problem or complaint (coverage decisions, appeals, complaints)

Introduction

This chapter has information about your rights. Read this chapter to find out what to do if:

- You have a problem with or complaint about your plan.
- You need a service, item, or medication that your plan said it won't pay for.
- You disagree with a decision your plan made about your care.
- You think your covered services are ending too soon.
- You have a problem or complaint with your long-term services and supports, which include Community-Based Adult Services (CBAS) and Nursing Facility (NF) services.

This chapter is in different sections to help you easily find what you are looking for. **If you have a problem or concern, read the parts of this chapter that apply to your situation.**

You should get the health care, drugs, and long-term services and supports that your doctor and other providers determine are necessary for your care as a part of your care plan. **If you have a problem with your care, you can call the Ombuds Program at 1-888-452-8609 for help.** This chapter explains different options you have for different problems and complaints, but you can always call the Ombuds Program to help guide you through your problem. For additional resources to address your concerns and ways to contact them, refer to **Chapter 2** of your *Member Handbook*.

Table of Contents

A. What to do if you have a problem or concern	163
A1. About the legal terms.....	163
B. Where to get help	164
B1. For more information and help	164
C. Understanding Medicare and Medi-Cal complaints and appeals in our plan	166
D. Problems with your benefits.....	166



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

E.	Coverage decisions and appeals.....	167
E1.	Coverage decisions.....	167
E2.	Appeals	167
E3.	Help with coverage decisions and appeals.....	168
E4.	Which section of this chapter can help you	169
F.	Medical care	169
F1.	Using this section	170
F2.	Asking for a coverage decision.....	171
F3.	Making a Level 1 Appeal	173
F4.	Making a Level 2 Appeal	176
F5.	Payment problems	182
G.	Medicare Part D prescription drugs	183
G1.	Part D coverage decisions and appeals	183
G2.	Part D exceptions	185
G3.	Important things to know about asking for an exception.....	185
G4.	Asking for a coverage decision, including an exception	186
G5.	Making a Level 1 Appeal	188
G6.	Making a Level 2 Appeal	190
H.	Asking us to cover a longer hospital stay.....	192
H1.	Learning about your Medicare rights	193
H2.	Making a Level 1 Appeal	194
H3.	Making a Level 2 Appeal	196
H4.	Making a Level 1 Alternate Appeal.....	197
H5.	Making a Level 2 Alternate Appeal.....	198

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



I.	Asking us to continue covering certain medical services	198
I1.	Advance notice before your coverage ends	199
I2.	Making a Level 1 Appeal	199
I3.	Making a Level 2 Appeal	201
I4.	Making a Level 1 Alternate Appeal.....	202
I5.	Making a Level 2 Alternate Appeal.....	203
J.	Taking your appeal beyond Level 2	204
J1.	Next steps for Medicare services and items	204
J2.	Additional Medi-Cal appeals.....	205
J3.	Appeal Levels 3, 4 and 5 for Part D Drug Requests.....	205
K.	How to make a complaint.....	207
K1.	What kinds of problems should be complaints	207
K2.	Internal complaints	208
K3.	External complaints	210

A. What to do if you have a problem or concern

This chapter explains how to handle problems and concerns. The process you use depends on the type of problem you have. Use one process for **coverage decisions and appeals** and another for **making complaints**; also called grievances.

To ensure fairness and promptness, each process has a set of rules, procedures, and deadlines that we and you must follow.

A1. About the legal terms

There are legal terms in this chapter for some rules and deadlines. Many of these terms can be hard to understand, so we use simpler words in place of certain legal terms when we can. We use abbreviations as little as possible.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

For example, we say:

- “Making a complaint” instead of “filing a grievance”
- “Coverage decision” instead of “organization determination,” “benefit determination,” “at-risk determination,” or “coverage determination”
- “Fast coverage decision” instead of “expedited determination”
- “Independent Review Organization” instead of “Independent Review Entity”

Knowing the proper legal terms may help you communicate more clearly, so we provide those too.

B. Where to get help

B1. For more information and help

Sometimes it’s confusing to start or follow the process for dealing with a problem. This can be especially true if you don’t feel well or have limited energy. Other times, you may not have the information you need to take the next step.

Help from the Health Insurance Counseling and Advocacy Program

You can call the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can answer your questions and help you understand what to do about your problem. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. The HICAP phone number is 1-800-434-0222.

Help from the Health Consumer Alliance

You can call the Health Consumer Alliance and speak with an advocate about your health coverage questions. They offer free legal help. The Health Consumer Alliance is not connected with us or with any insurance company or health plan. Their phone number is 1-888-804-3536 and their website is www.healthconsumer.org.

Help and information from Medicare

For more information and help, you can contact Medicare. Here are two ways to get help from Medicare:

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.
- Visit the Medicare website (www.medicare.gov).

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Help and information from Medi-Cal

If you need help with your Medi-Cal eligibility, call (916) 552-9200 (TTY: 711) or visit <https://www.dhcs.ca.gov/services/medi-cal/Pages/Contacts.aspx> to find a specific department you would like to contact.

You can get help from the California Department of Managed Health Care

In this paragraph, the term “grievance” means an appeal or complaint about Medi-Cal services, your health plan, or one of your providers.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-877-723-4795 (TTY: 711)**, and use your health plan's grievance process before contacting the department. **Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.**

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1 877 688-9891**) for the hearing and speech impaired. The department's internet website www.dmhc.gov has complaint forms, IMR application forms and instructions online.

You can get help from the Quality Improvement Organization (QIO)

Our state has an organization called Livanta BFCC-QIO. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.

Contact Livanta BFCC-QIO if you have a problem with the quality of care you have received, you think your hospital stay is ending too soon or you think your home health care, skilled nursing facility care or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

Refer to **Chapter 2, Section F** for Livanta BFCC-QIO contact information.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Help from the Office of the Ombudsman

You can contact the Office of the Ombudsman if you have a problem or complaint or need help with service or billing problems. Go to **Chapter 2, Section I** for the Office of the Ombudsman contact information.

Help from the California Department of Health Care Services

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can 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.

Help from the California Department of Managed Health Care

Contact the California Department of Managed Health Care for free help. The DMHC is responsible for regulating health plans. The DMHC helps people with appeals about Medi-Cal services or billing problems. The phone number is 1-888-466-2219. Individuals who are deaf, hard of hearing, or speech-impaired can use the toll-free TDD number, 1-877-688-9891.

C. Understanding Medicare and Medi-Cal complaints and appeals in our plan

You have Medicare and Medi-Cal. Information in this chapter applies to **all** of your Medicare and Medi-Cal benefits. This is sometimes called an “integrated process” because it combines, or integrates, Medicare and Medi-Cal processes.

Sometimes Medicare and Medi-Cal processes cannot be combined. In those situations, you use one process for a Medicare benefit and another process for a Medi-Cal benefit. **Section F5** explains these situations.

D. Problems with your benefits

If you have a problem or concern, read the parts of this chapter that apply to your situation. The chart below helps you find the right section of this chapter for problems or complaints.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



<p>Is your problem or concern about your benefits or coverage?</p> <p>This includes problems about whether particular medical care or prescription drugs are covered or not, the way they are covered, and problems about payment for medical care or prescription drugs.</p>	
<p>Yes.</p> <p>My problem is about benefits or coverage.</p> <p>Refer to Section E, “Coverage decisions and appeals.”</p>	<p>No.</p> <p>My problem is not about benefits or coverage.</p> <p>Refer to Section K, “How to make a complaint”</p>

E. Coverage decisions and appeals

The process for asking for a coverage decision and making an appeal deals with problems related to your benefits and coverage. It also includes problems with payment.

E1. Coverage decisions

A coverage decision is a decision we make about your benefits and coverage or about the amount we pay for your medical services or drugs. We make a coverage decision whenever we decide what is covered for you and how much we pay. For example, your network doctor makes a favorable coverage decision for you whenever you get medical care from them or if they refer you to a medical specialist.

You or your doctor can also contact us and ask for a coverage decision. You or your doctor may be unsure whether we cover a specific medical service or if we may refuse to provide medical care you think you need. **If you want to know if we will cover a medical service before you get it, you can ask us to make a coverage decision for you.**

In some cases, we may decide a service or drug is not covered or is no longer covered for you by Medicare or Medi-Cal. If you disagree with this coverage decision, you can make an appeal.

E2. Appeals

If we make a coverage decision and you are not satisfied with this decision, you can “appeal” the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

When you appeal a decision for the first time, this is called a Level 1 Appeal. In this appeal, we review the coverage decision we made to check if we followed all rules properly. Different reviewers than those who made the original unfavorable decision handle your appeal.

In most cases, you must start your appeal at Level 1. If you do not want to first appeal to the plan for a Medi-Cal service, if your health problem is urgent or involves an immediate and serious threat to your health, or if you are in severe pain and need an immediate decision, you may ask for an Independent Medical Review from the Department of Managed Health Care at www.dmhc.ca.gov. Refer to page 178 for more information.

When we complete the review, we give you our decision. Under certain circumstances, explained later in this chapter, you can ask for an expedited or “fast coverage decision” or fast appeal of a coverage decision.

If we say **No** to all or part of your Level 1 Appeal, you can go on to a Level 2 Appeal. An Independent Review Organization that is not connected to us conducts the Level 2 Appeal.

- In some situations, your case is **automatically sent** to the Independent Review Organization for a Level 2 Appeal. If this happens, we tell you.
- In other situations, you **need to ask** for a Level 2 Appeal.
- Refer to **Section F5** for more information about Level 2 Appeals.

If you are not satisfied with the Level 2 Appeal decision, you may be able to go through additional levels of appeal.

E3. Help with coverage decisions and appeals

You can ask for help from any of the following:

- **Customer Service** at the numbers at the bottom of the page.
- **Health Insurance Counseling and Advocacy Program (HICAP)** at 1-800-434-0222.
- **The Help Center at the Department of Managed Health Care (DMHC)** for free help. The DMHC is responsible for regulating health plans. The DMHC helps people with appeals about Medi-Cal services or billing problems. The phone number is 1-888-466-2219. Individuals who are deaf, hard of hearing, or speech-impaired can use the toll-free TDD number, 1-877-688-9891.
- **Your doctor or other provider.** Your doctor or other provider can ask for a coverage decision or appeal on your behalf.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- **A friend or family member.** You can name another person to act for you as your “representative” and ask for a coverage decision or make an appeal.
- **A lawyer.** You have the right to a lawyer, but **you are not required to have a lawyer** to ask for a coverage decision or make an appeal.
 - Call your own lawyer, or get the name of a lawyer from the local bar association or other referral service. Some legal groups will give you free legal services if you qualify.
 - Ask for a legal aid attorney from the Health Consumer Alliance at 1-888-804-3536.

Fill out the Appointment of Representative form if you want a lawyer or someone else to act as your representative. The form gives someone permission to act for you.

Call Customer Service at the numbers at the bottom of the page and ask for the “Appointment of Representative” form. You can also get the form by visiting www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf or on our website at www.scfhp.com/dualconnect. **You must give us a copy of the signed form.**

E4. Which section of this chapter can help you

There are four situations that involve coverage decisions and appeals. Each situation has different rules and deadlines. We give details for each one in a separate section of this chapter. Refer to the section that applies:

- **Section F**, “Medical care”
- **Section G**, “Medicare Part D prescription drugs”
- **Section H**, “Asking us to cover a longer hospital stay”
- **Section I**, “Asking us to continue covering certain medical services (This section only applies to these services: home health care, skilled nursing facility care, and Comprehensive Outpatient Rehabilitation Facility (CORF) services.)”

If you’re not sure which section to use, call Customer Service at the numbers at the bottom of the page. If you need other help or information, go to **Chapter 2** of the *Member Handbook*.

F. Medical care

This section explains what to do if you have problems getting coverage for medical care or if you want us to pay you back for your care.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

This section is about your benefits for medical care and services that are described in **Chapter 4** of your *Member Handbook*. We generally refer to “medical care coverage” or “medical care” in the rest of this section. The term “medical care” includes medical services and items as well as Medicare Part B prescription drugs which are usually drugs administered by your doctor or health care professional. Different rules may apply to a Part B prescription drug. When they do, we explain how rules for Part B prescription drugs differ from rules for medical services and items.

F1. Using this section

This section explains what you can do in any of the following situations:

1. You think we cover medical care you need but are not getting.

What you can do: You can ask us to make a coverage decision. Refer to **Section F2**.

2. We didn't approve the medical care your doctor or other health care provider wants to give you, and you think we should.

What you can do: You can appeal our decision. Refer to **Section F3**.

3. You got medical care that you think we cover, but we will not pay.

What you can do: You can appeal our decision not to pay. Refer to **Section F5**.

4. You got and paid for medical care you thought we cover, and you want us to pay you back.

What you can do: You can ask us to pay you back. Refer to **Section F5**.

5. We reduced or stopped your coverage for certain medical care, and you think our decision could harm your health.

6. You are experiencing delays in care or you cannot find a doctor.

What you can do: You can appeal our decision to reduce or stop the medical care. Refer to **Section F4**.

- If the coverage is for hospital care, home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services, special rules apply. Refer to **Section H** or **Section I** to find out more.
- For all other situations involving reducing or stopping your coverage for certain medical care, use this section (**Section F**) as your guide.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



F2. Asking for a coverage decision

When a coverage decision involves your medical care, it's called an **“integrated organization determination.”**

You, your doctor, or your representative can ask us for a coverage decision by:

- Calling: 1-877-723-4795 (TTY: 711)
- Faxing: 1-408-874-1957
- Writing:

Attn: Utilization Management
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

Standard coverage decision

When we give you our decision, we use the “standard” deadlines unless we agree to use the “fast” deadlines. A standard coverage decision means we give you an answer about a:

- Medical service or item within 5 business days after we get your request.
- Medicare Part B prescription drug within 72 hours after we get your request.

SCFHP DualConnect will decide routine pre-approvals within 5 working days, or when SCFHP DualConnect gets the information needed to make a decision, and no later than 14 calendar days after SCFHP DualConnect receives the request.

For a medical item or service, we can take up to 14 more calendar days if you ask for more time or if we need more information that may benefit you (such as medical records from out-of-network providers). If we take extra days to make the decision, we will tell you in writing. **We can't take extra days if your request is for a Medicare Part B prescription drug.**

If you think we should **not** take extra days, you can make a “fast complaint” about our decision to take extra days. When you make a fast complaint, we give you an answer to your complaint within 24 hours. The process for making a complaint is different from the process for coverage decisions and appeals. For more information about making a complaint, including a fast complaint, refer to **Section K**.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Fast coverage decision

The legal term for “fast coverage decision” is “**expedited determination.**”

When you ask us to make a coverage decision about your medical care and your health requires a quick response, ask us to make a “fast coverage decision.” A fast coverage decision means we will give you an answer about a:

- Medical service or item within 72 hours after we get your request.
- Medicare Part B prescription drug within 24 hours after we get your request.

For a medical item or service, we can take up to 14 more calendar days if we find information that may benefit you is missing (such as medical records from out-of-network providers) or if you need time to get us information for the review. If we take extra days to make the decision, we will tell you in writing. **We can’t take extra time if your request is for a Medicare Part B prescription drug.**

If you think we should **not** take extra days to make the coverage decision, you can make a “fast complaint” about our decision to take extra days. For more information about making a complaint, including a fast complaint, refer to **Section K**. We will call you as soon as we make the decision.

To get a fast coverage decision, you must meet two requirements:

- You are asking for coverage for medical care you **did not get**. You can’t ask for a fast coverage decision about payment for medical care you already got.
- Using the standard deadlines **could cause serious harm to your health** or hurt your ability to function.

We automatically give you a fast coverage decision if your doctor tells us your health requires it. If you ask without your doctor’s support, we decide if you get a fast coverage decision.

If we decide that your health doesn’t meet the requirements for a fast coverage decision, we send you a letter that says so and we use the standard deadlines instead. The letter tells you:

- We automatically give you a fast coverage decision if your doctor asks for it.
- How you can file a “fast complaint” about our decision to give you a standard coverage decision instead of a fast coverage decision. For more information about making a complaint, including a fast complaint, refer to **Section K**.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



If we say **No to part or all of your request**, we send you a letter explaining the reasons.

- If we say **No**, you have the right to make an appeal. If you think we made a mistake, making an appeal is a formal way of asking us to review our decision and change it.
- If you decide to make an appeal, you will go on to Level 1 of the appeals process (refer to **Section F3**).

In limited circumstances we may dismiss your request for a coverage decision, which means we won't review the request. Examples of when a request will be dismissed include:

- If the request is incomplete,
- If someone makes the request on your behalf but isn't legally authorized to do so, or
- If you ask for your request to be withdrawn.

If we dismiss a request for a coverage decision, we will send you a notice explaining why the request was dismissed and how to ask for a review of the dismissal. This review is called an appeal. Appeals are discussed in the next section.

F3. Making a Level 1 Appeal

To start an appeal, you, your doctor, or your representative must contact us. Call us at 1-877-723-4795 (TTY: 711). For additional details on how to reach us for appeals, go to **Chapter 2**.

Ask for a standard appeal or a fast appeal in writing or by calling us at 1-877-723-4795 (TTY: 711).

- If your doctor or other prescriber asks to continue a service or item you are already getting during your appeal, you may need to name them as your representative to act on your behalf.
- If someone other than your doctor makes the appeal for you, include an Appointment of Representative form authorizing this person to represent you. You can get the form by visiting www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf or on our website at www.scfhp.com/dualconnect.
- We can accept an appeal request without the form, but we can't begin or complete our review until we get it. If we don't get the form within 44 calendar days after getting your appeal request:



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- We dismiss your request, and
- We send you a written notice explaining your right to ask the Independent Review Organization to review our decision to dismiss your appeal.

You must ask for an appeal **within 60 calendar days** from the date on the letter we sent to tell you our decision.

If you miss the deadline and have a good reason for missing it, we may give you more time to make your appeal. Examples of good reasons are things like you had a serious illness or we gave you the wrong information about the deadline. Explain the reason why your appeal is late when you make your appeal.

You have the right to ask us for a free copy of the information about your appeal. You and your doctor may also give us more information to support your appeal.

If your health requires it, ask for a fast appeal.

The legal term for “fast appeal” is “**expedited reconsideration.**”

- If you appeal a decision we made about coverage for care that you did not get, you and/or your doctor decide if you need a fast appeal.
- The process for a fast appeal is the same as for a fast coverage decision. To ask for a fast appeal, follow the instructions for asking for a fast coverage decision in **Section F2**.
- If your doctor tells us that your health requires it, we will give you a fast appeal.

If we tell you we are stopping or reducing services or items that you already get, you may be able to continue those services or items during your appeal.

- If we decide to change or stop coverage for a service or item that you get, we send you a notice before we take action.
- If you disagree with our decision, you can file a Level 1 Appeal.
- We continue covering the service or item if you ask for a Level 1 Appeal **within 10 calendar days** of the date on our letter or by the intended effective date of the action, whichever is later.
 - If you meet this deadline, you will get the service or item with no changes while your Level 1 appeal is pending.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- You will also get all other services or items (that are not the subject of your appeal) with no changes.
- If you do not appeal before these dates, then your service or medication will not be continued while you wait for your appeal decision.

We consider your appeal and give you our answer.

- When we review your appeal, we take another careful look at all information about your request for coverage of medical care.
- We check if we followed all the rules when we said **No** to your request.
- We gather more information if we need it. We may contact you or your doctor to get more information.

There are deadlines for a fast appeal.

- When we use the fast deadlines, we must give you our answer **within 72 hours after we get your appeal**. We will give you our answer sooner if your health requires it.

If we don't give you an answer within 72 hours, we must send your request to Level 2 of the appeals process. An Independent Review Organization then reviews it. Later in this chapter, we tell you about this organization and explain the Level 2 appeals process.

- **If we say Yes to part or all of your request**, we must authorize or provide the coverage we agreed to provide within 72 hours after we get your appeal.
- **If we say No to part or all of your request**, we send your appeal to the Independent Review Organization for a Level 2 Appeal.

There are deadlines for a standard appeal.

- When we use the standard deadlines, we must give you our answer **within 30 calendar days** after we get your appeal for coverage for services you didn't get.
- If your request is for a Medicare Part B prescription drug you didn't get, we give you our answer **within 7 calendar days** after we get your appeal or sooner if your health requires it.

If we don't give you an answer by the deadline, we must send your request to Level 2 of the appeals process. An Independent Review Organization then reviews it. Later in this chapter, we tell you about this organization and explain the Level 2 appeals process.

If we say Yes to part or all of your request, we must authorize or provide the coverage we agreed to provide within 30 calendar days, or **within 7 calendar days** if your request is for a Medicare Part B prescription drug, after we get your appeal.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

If we say No to part or all of your request, **you have additional appeal rights:**

- If we say **No** to part or all of what you asked for, we send you a letter.
- If your problem is about coverage of a Medicare service or item, the letter tells you that we sent your case to the Independent Review Organization for a Level 2 Appeal.
- If your problem is about coverage of a Medi-Cal service or item, the letter tells you how to file a Level 2 Appeal yourself.

F4. Making a Level 2 Appeal

If we say **No** to part or all of your Level 1 Appeal, we send you a letter. This letter tells you if Medicare, Medi-Cal, or both programs usually cover the service or item.

- If your problem is about a service or item that **Medicare** usually covers, we automatically send your case to Level 2 of the appeals process as soon as the Level 1 Appeal is complete.
- If your problem is about a service or item that **Medi-Cal** usually covers, you can file a Level 2 Appeal yourself. The letter tells you how to do this. We also include more information later in this chapter. We do not automatically file a Level 2 Appeal for you for Medi-Cal services or items.
- If your problem is about a service or item that **both Medicare and Medi-Cal** may cover, you automatically get a Level 2 Appeal with the Independent Review Organization. You can also ask for a Fair Hearing with the state.

If you qualified for continuation of benefits when you filed your Level 1 Appeal, your benefits for the service, item, or drug under appeal may also continue during Level 2. Refer to **Section F3** for information about continuing your benefits during Level 1 Appeals.

- If your problem is about a service usually covered only by Medicare, your benefits for that service don't continue during the Level 2 appeals process with the Independent Review Organization.
- If your problem is about a service that usually covered only by Medi-Cal, your benefits for that service continue if you submit a Level 2 Appeal within 10 calendar days after getting our decision letter.

When your problem is about a service or item Medicare usually covers

The Independent Review Organization reviews your appeal. It's an independent organization hired by Medicare.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



The formal name for the “**Independent Review Organization**” is the “Independent Review Entity,” sometimes called the “**IRE.**”

- This organization isn’t connected with us and isn’t a government agency. Medicare chose the company to be the Independent Review Organization, and Medicare oversees their work.
- We send information about your appeal (your “case file”) to this organization. You have the right to a free copy of your case file.
- You have a right to give the Independent Review Organization additional information to support your appeal.
- Reviewers at the Independent Review Organization take a careful look at all information related to your appeal.

If you had a fast appeal at Level 1, you also have a fast appeal at Level 2.

- If you had a fast appeal to us at Level 1, you automatically get a fast appeal at Level 2. The Independent Review Organization must give you an answer to your Level 2 Appeal **within 72 hours** of getting your appeal.

If you had a standard appeal at Level 1, you also have a standard appeal at Level 2.

- If you had a standard appeal to us at Level 1, you automatically get a standard appeal at Level 2.
- If your request is for a medical item or service, the Independent Review Organization must give you an answer to your Level 2 Appeal **within 30 calendar days** of getting your appeal.
- If your request is for a Medicare Part B prescription drug, the Independent Review Organization must give you an answer to your Level 2 Appeal **within 7 calendar days** of getting your appeal.

The Independent Review Organization gives you their answer in writing and explains the reasons.

- **If the Independent Review Organization says Yes to part or all of a request for a medical item or service**, we must promptly implement the decision:
 - Authorize the medical care coverage **within 72 hours** or
 - Provide the service within **14 calendar days** after we get the Independent Review Organization’s decision for **standard requests** or



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Provide the service within **72 hours** from the date we get the Independent Review Organization's decision for **expedited requests**.
- If the Independent Review Organization says **Yes** to part or all of a request for a Medicare Part B prescription drug, we must authorize or provide the Medicare Part B prescription drug under dispute:
 - **Within 72 hours** after we get the Independent Review Organization's decision for **standard requests** or
 - **Within 24 hours** from the date we get the Independent Review Organization's decision for **expedited requests**.
- If the Independent Review Organization says **No** to part or all of your appeal, it means they agree that we should not approve your request (or part of your request) for coverage for medical care. This is called "upholding the decision" or "turning down your appeal."

If your case meets the requirements, you choose whether you want to take your appeal further.

There are three additional levels in the appeals process after Level 2, for a total of five levels.

If your Level 2 Appeal is turned down and you meet the requirements to continue the appeals process, you must decide whether to go on to Level 3 and make a third appeal. The details about how to do this are in the written notice you get after your Level 2 Appeal.

An Administrative Law Judge or attorney adjudicator handles a Level 3 Appeal. Refer to **Section J** for more information about Level 3, 4, and 5 Appeals.

When your problem is about a service or item Medi-Cal usually covers

There are two ways to make a Level 2 appeal for Medi-Cal services and items: (1) Filing a complaint or Independent Medical Review or (2) State Hearing.

(1) Filing a complaint or Independent Medical Review

You can file a complaint with or ask for an Independent Medical Review (IMR) from the Help Center at the California Department of Managed Health Care (DMHC). By filing a complaint, the DMHC will review our decision and make a determination. An IMR is available for any Medi-Cal covered service or item that is medical in nature. An IMR is a review of your case by doctors who are not part of our plan or a part of the DMHC. If the IMR is decided in your favor, we must give you the service or item you requested. You pay no costs for an IMR.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



You can file a complaint or apply for an IMR if our plan:

- Denies, changes, or delays a Medi-Cal service or treatment because our plan determines it is not medically necessary.
- Will not cover an experimental or investigational Medi-Cal treatment for a serious medical condition.
- Will not pay for emergency or urgent Medi-Cal services that you already received.
- Has not resolved your Level 1 Appeal on a Medi-Cal service within 30 calendar days for a standard appeal or 72 hours for a fast appeal.

NOTE: If your provider filed an appeal for you, but we do not get your Appointment of Representative form, you will need to refile your appeal with us before you can file for a Level 2 IMR with the Department of Managed Health Care.

You are entitled to both an IMR and a State Hearing, but not if you have already had a State Hearing on the same issue.

In most cases, you must file an appeal with us before requesting an IMR. Refer to page 173 for information, about our Level 1 appeal process. If you disagree with our decision, you can file a complaint with the DMHC or ask the DMHC Help Center for an IMR.

If your treatment was denied because it was experimental or investigational, you do not have to take part in our appeal process before you apply for an IMR.

If your problem is urgent or involves an immediate and serious threat to your health or if you are in severe pain, you may bring it immediately to the DMHC's attention without first going through our appeal process.

You must **apply for an IMR within 6 months** after we send you a written decision about your appeal. The DMHC may accept your application after 6 months for good reason, such as you had a medical condition that prevented you from asking for the IMR within 6 months or you did not get adequate notice from us of the IMR process.

To ask for an IMR:

- Fill out the Independent Medical Review Application/Complaint Form available at: www.dmhc.ca.gov/fileacomplaint/submitanindependentmedicalreviewcomplaintform.aspx or call the DMHC Help Center at 1-888-466-2219. TTY users should call 1-877-688-9891.
- If you have them, attach copies of letters or other documents about the service or item that we denied. This can speed up the IMR process. Send copies of documents, not originals. The Help Center cannot return any documents.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Fill out the Authorized Assistant Form if someone is helping you with your IMR. You can get the form at www.dmhc.ca.gov/FileaComplaint/IndependentMedicalReviewComplaintForms.aspx or call the Department's Help Center at 1-888-466-2219. TTY users should call 1-877-688-9891.
- Mail or fax your forms and any attachments to:

Help Center
Department of Managed Health Care
980 Ninth Street, Suite 500
Sacramento, CA 95814-2725
FAX: 916-255-5241

If you qualify for an IMR, the DMHC will review your case and send you a letter within 7 calendar days telling you that you qualify for an IMR. After your application and supporting documents are received from your plan, the IMR decision will be made within 30 calendar days. You should receive the IMR decision within 45 calendar days of the submission of the completed application.

If your case is urgent and you qualify for an IMR, the DMHC will review your case and send you a letter within 2 calendar days telling you that you qualify for an IMR. After your application and supporting documents are received from your plan, the IMR decision will be made within 3 calendar days. You should receive the IMR decision within 7 calendar days of the submission of the completed application. If you are not satisfied with the result of the IMR, you can still ask for a State Hearing.

An IMR can take longer if the DMHC does not receive all of the medical records needed from you or your treating doctor. If you are using a doctor who is not in your health plan's network, it is important that you get and send us your medical records from that doctor. Your health plan is required to get copies of your medical records from doctors who are in the network.

If the DMHC decides that your case is not eligible for IMR, the DMHC will review your case through its regular consumer complaint process. Your complaint should be resolved within 30 calendar days of the submission of the completed application. If your complaint is urgent, it will be resolved sooner.

(2) State Hearing

You can ask for a State Hearing for Medi-Cal covered services and items. If your doctor or other provider asks for a service or item that we will not approve, or we will not continue to pay for a service or item you already have and we said no to your Level 1 appeal, you have the right to ask for a State Hearing.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



In most cases **you have 120 days to ask for a State Hearing** after the “Your Hearing Rights” notice is mailed to you.

NOTE: If you ask for a State Hearing because we told you that a service you currently get will be changed or stopped, **you have fewer days to submit your request** if you want to keep getting that service while your State Hearing is pending.

There are two ways to ask for a State Hearing:

1. You may complete the "Request for State Hearing" on the back of the notice of action. You should provide all requested information such as your full name, address, telephone number, the name of the plan or county that took the action against you, the aid program(s) involved, and a detailed reason why you want a hearing. Then you may submit your request one of these ways:
 - To the county welfare department at the address shown on the notice.
 - To the California Department of Social Services:

State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, California 94244-2430
 - To the State Hearings Division at fax number 916-651-5210 or 916-651-2789.
2. You can call the California Department of Social Services at 1-800-952-5253. TTY users should call 1-800-952-8349. If you decide to ask for a State Hearing by phone, you should be aware that the phone lines are very busy.

The Fair Hearing office gives you their decision in writing and explain the reasons.

- If the Fair Hearing office says **Yes** to part or all of a request for a medical item or service, we must authorize or provide the service or item **within 72 hours** after we get their decision.
- If the Fair Hearing office says **No** to part or all of your appeal, it means they agree that we should not approve your request (or part of your request) for coverage for medical care. This is called “upholding the decision” or “turning down your appeal.”

If the Independent Review Organization or Fair Hearing office decision is **No** for all or part of your request, you have additional appeal rights.

If your Level 2 Appeal went to the **Independent Review Organization**, you can appeal again only if the dollar value of the service or item you want meets a certain minimum amount. An Administrative Law Judge or attorney adjudicator handles a Level 3 Appeal.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

The letter you get from the Independent Review Organization explains additional appeal rights you may have.

The letter you get from the Fair Hearing office describes the next appeal option.

Refer to **Section J** for more information about your appeal rights after Level 2.

F5. Payment problems

We do not allow our network providers to bill you for covered services and items. This is true even if we pay the provider less than the provider charges for a covered service or item. **You are never required to pay the balance of any bill.**

If you get a bill for covered services and items, send the bill to us. **You should not pay the bill yourself.** We will contact the provider directly and take care of the problem. If you do pay the bill, you can get a refund if you followed the rules for getting services or item.

For more information, refer to **Chapter 7** of your *Member Handbook*. It describes situations when you may need to ask us to pay you back or pay a bill you got from a provider. It also tells how to send us the paperwork that asks us for payment.

If you ask to be paid back, you are asking for a coverage decision. We will check if the service or item you paid for is covered and if you followed all the rules for using your coverage.

- If the service or item you paid for is covered and you followed all the rules, we will send you the payment for the service or item within 60 calendar days after we get your request.
- If you haven't paid for the service or item yet, we will send the payment directly to the provider. When we send the payment, it's the same as saying **Yes** to your request for a coverage decision.
- If the service or item is not covered or you did not follow all the rules, we will send you a letter telling you we won't pay for the service or item and explaining why.

If you don't agree with our decision not to pay, **you can make an appeal.** Follow the appeals process described in **Section**. When you follow these instructions, note:

- If you make an appeal for us to pay you back, we must give you our answer within 30 calendar days after we get your appeal.
- If you ask us to pay you back for medical care you got and paid for yourself, you can't ask for a fast appeal.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



If our answer to your appeal is **No** and **Medicare** usually covers the service or item, we will send your case to the Independent Review Organization. We will send you a letter if this happens.

- If the Independent Review Organization reverses our decision and says we should pay you, we must send the payment to you or to the provider within 30 calendar days. If the answer to your appeal is **Yes** at any stage of the appeals process after Level 2, we must send the payment to you or to the health care provider within 60 calendar days.
- If the Independent Review Organization says **No** to your appeal, it means they agree that we should not approve your request. This is called “upholding the decision” or “turning down your appeal.” You will get a letter explaining additional appeal rights you may have. Refer to **Section J** for more information about additional levels of appeal.

If our answer to your appeal is **No** and **Medi-Cal** usually covers the service or item, you can file a Level 2 Appeal yourself. We do not automatically file a level 2 appeal for you. Refer to **Section F4** for more information.

G. Medicare Part D prescription drugs

Your benefits as a member of our plan include coverage for many prescription drugs. Most of these are Medicare Part D drugs. There are a few drugs that Medicare Part D doesn't cover that Medi-Cal may cover. **This section only applies to Part D drug appeals.** We'll say “drug” in the rest of this section Instead of saying “Part D drug” every time.

To be covered, the drug must be used for a medically accepted indication. That means the drug is approved by the Food and Drug Administration (FDA) or supported by certain medical references. Refer to **Chapter 5** of your *Member Handbook* for more information about a medically accepted indication.

G1. Part D coverage decisions and appeals

Here are examples of coverage decisions you ask us to make about your Part D drugs:

- You ask us to make an exception, including asking us to:
 - Cover a Part D drug that is not on our plan's Drug List or
 - Set aside a restriction on our coverage for a drug (such as limits on the amount you can get)
- You ask us if a drug is covered for you (such as when your drug is on our plan's Drug List but we must approve it for you before we cover it)



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

NOTE: If your pharmacy tells you that your prescription can't be filled as written, the pharmacy gives you a written notice explaining how to contact us to ask for a coverage decision.

An initial coverage decision about your Part D drugs is called a “**coverage determination.**”

- You ask us to pay for a drug you already bought. This is asking for a coverage decision about payment.

If you disagree with a coverage decision we made, you can appeal our decision. This section tells you both how to ask for coverage decisions and how to make an appeal. Use the chart below to help you.

Which of these situations are you in?

<p>You need a drug that isn't on our Drug List or need us to set aside a rule or restriction on a drug we cover.</p> <p>You can ask us to make an exception. (This is a type of coverage decision.)</p> <p>Start with Section G3, then refer to Sections G4 and G5.</p>	<p>You want us to cover a drug on our Drug List, and you think you meet plan rules or restrictions (such as getting approval in advance) for the drug you need.</p> <p>You can ask us for a coverage decision.</p> <p>Refer to Section G5.</p>	<p>You want to ask us to pay you back for a drug you already got and paid for.</p> <p>You can ask us to pay you back. (This is a type of coverage decision.)</p> <p>Refer to Section G5.</p>	<p>We told you that we won't cover or pay for a drug in the way that you want.</p> <p>You can make an appeal. (This means you ask us to reconsider.)</p> <p>Refer to Section G6.</p>
---	--	--	--

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



G2. Part D exceptions

If we don't cover a drug in the way you would like, you can ask us to make an "exception." If we turn down your request for an exception, you can appeal our decision.

When you ask for an exception, your doctor or other prescriber needs to explain the medical reasons why you need the exception.

Asking for coverage of a drug not on our Drug List or for removal of a restriction on a drug is sometimes called asking for a **"formulary exception."**

Here are some examples of exceptions that you or your doctor or other prescriber can ask us to make:

1. Covering a drug that is not on our Drug List

- You can't get an exception to the required copay amount for the drug.

2. Removing a restriction for a covered drug

- Extra rules or restrictions apply to certain drugs on our Drug List (refer to **Chapter 5** of your *Member Handbook* for more information).
- Extra rules and restrictions for certain drugs include:
 - Being required to use the generic version of a drug instead of the brand name drug.
 - Getting our approval in advance before we agree to cover the drug for you. This is sometimes called "prior authorization."
 - Being required to try a different drug first before we agree to cover the drug you ask for. This is sometimes called "step therapy."
 - Quantity limits. For some drugs, there are restrictions on the amount of the drug you can have.

G3. Important things to know about asking for an exception

Your doctor or other prescriber must tell us the medical reasons.

Your doctor or other prescriber must give us a statement explaining the medical reasons for asking for an exception. For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception.

Our Drug List often includes more than one drug for treating a specific condition. These are called "alternative" drugs. If an alternative drug is just as effective as the drug you



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

ask for and wouldn't cause more side effects or other health problems, we generally do **not** approve your exception request.

We can say Yes or No to your request.

- If we say **Yes** to your exception request, the exception usually lasts until the end of the calendar year. This is true as long as your doctor continues to prescribe the drug for you and that drug continues to be safe and effective for treating your condition.
- If we say **No** to your exception request, you can make an appeal. Refer to **Section G6** for information on making an appeal if we say **No**.

The next section tells you how to ask for a coverage decision, including an exception.

G4. Asking for a coverage decision, including an exception

- Ask for the type of coverage decision you want by calling 1-877-723-4795 (TTY: 711, writing, or faxing us. You, your representative, or your doctor (or other prescriber) can do this. Include your name, contact information, and information about the claim.
- You or your doctor (or other prescriber) or someone else acting on your behalf can ask for a coverage decision. You can also have a lawyer act on your behalf.
- Refer to **Section E3** to find out how to name someone as your representative.
- You don't need to give written permission to your doctor or other prescriber to ask for a coverage decision on your behalf.
- If you want to ask us to pay you back for a drug, refer to **Chapter 7** of your *Member Handbook*.
- If you ask for an exception, give us a "supporting statement." The supporting statement includes your doctor or other prescriber's medical reasons for the exception request.
- Your doctor or other prescriber can fax or mail us the supporting statement. They can also tell us by phone and then fax or mail the statement.
- You may also submit a coverage determination request through SCFHP's secure member portal.
- If your health requires it, ask us for a "fast coverage decision."

We use the "standard deadlines" unless we agree to use the "fast deadlines."

- A **standard coverage decision** means we give you an answer within 72 hours after we get your doctor's statement.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- A **fast coverage decision** means we give you an answer within 24 hours after we get your doctor's statement.

A "fast coverage decision" is called an "**expedited coverage determination.**"

You can get a fast coverage decision if:

It's for a drug you didn't get. You can't get a fast coverage decision if you are asking us to pay you back for a drug you already bought.

- Your health or ability to function would be seriously harmed if we use the standard deadlines.

If your doctor or other prescriber tells us that your health requires a fast coverage decision, we agree and give it to you. We send you a letter that tells you.

- If you ask for a fast coverage decision without support from your doctor or other prescriber, we decide if you get a fast coverage decision.
- If we decide that your medical condition doesn't meet the requirements for a fast coverage decision, we use the standard deadlines instead.

We send you a letter that tells you. The letter also tells you how to make a complaint about our decision.

You can file a fast complaint and get a response within 24 hours. For more information making complaints, including fast complaints, refer to **Section K1**.

Deadlines for a fast coverage decision

- If we use the fast deadlines, we must give you our answer within 24 hours after we get your request. If you ask for an exception, we give you our answer within 24 hours after we get your doctor's supporting statement. We give you our answer sooner if your health requires it.
- If we don't meet this deadline, we send your request to Level 2 of the appeals process for review by an Independent Review Organization. Refer to **Section G6** for more information about a Level 2 Appeal.
- If we say **Yes** to part or all of your request, we give you the coverage within 24 hours after we get your request or your doctor's supporting statement.
- If we say **No** to part or all of your request, we send you a letter with the reasons. The letter also tells you how you can make an appeal.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Deadlines for a standard coverage decision about a drug you didn't get

- If we use the standard deadlines, we must give you our answer within 72 hours after we get your request. If you ask for an exception, we give you our answer within 72 hours after we get your doctor's supporting statement. We give you our answer sooner if your health requires it.
- If we don't meet this deadline, we send your request to Level 2 of the appeals process for review by an Independent Review Organization.
- If we say **Yes** to part or all of your request, we give you the coverage within 72 hours after we get your request or your doctor's supporting statement for an exception.
- If we say **No** to part or all of your request, we send you a letter with the reasons. The letter also tells you how to make an appeal.

Deadlines for a standard coverage decision about a drug you already bought

- We must give you our answer within 14 calendar days after we get your request.
- If we don't meet this deadline, we send your request to Level 2 of the appeals process for review by an Independent Review Organization.
- If we say **Yes** to part or all of your request, we pay you back within 14 calendar days.
- If we say **No** to part or all of your request, we send you a letter with the reasons. The letter also tells you how to make an appeal.

G5. Making a Level 1 Appeal

An appeal to our plan about a Part D drug coverage decision is called a plan "**redetermination.**"

- Start your **standard** or **fast appeal** by calling 1-877-723-4795- (TTY: 711), writing, or faxing us. You, your representative, or your doctor (or other prescriber) can do this. Include your name, contact information, and information regarding your claim.
- You must ask for an appeal **within 60 calendar days** from the date on the letter we sent to tell you our decision.
- If you miss the deadline and have a good reason for missing it, we may give you more time to make your appeal. Examples of good reasons are things like you

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



had a serious illness or we gave you the wrong information about the deadline. Explain the reason why your appeal is late when you make your appeal.

- You have the right to ask us for a free copy of the information about your appeal. You and your doctor may also give us more information to support your appeal.

If your health requires it, ask for a fast appeal.

A fast appeal is also called an “**expedited redetermination.**”

- If you appeal a decision we made about a drug you didn’t get, you and your doctor or other prescriber decide if you need a fast appeal.
- Requirements for a fast appeal are the same as those for a fast coverage decision. Refer to **Section G4** for more information.

We consider your appeal and give you our answer.

- We review your appeal and take another careful look at all of the information about your coverage request.
- We check if we followed the rules when we said **No** to your request.
- We may contact you or your doctor or other prescriber to get more information.

Deadlines for a fast appeal at Level 1

- If we use the fast deadlines, we must give you our answer **within 72 hours** after we get your appeal.
- We give you our answer sooner if your health requires it.

If we don’t give you an answer within 72 hours, we must send your request to Level 2 of the appeals process. Then an Independent Review Organization reviews it. Refer to **Section G6** for information about the review organization and the Level 2 appeals process.

- If we say **Yes** to part or all of your request, we must provide the coverage we agreed to provide within 72 hours after we get your appeal.
- If we say **No** to part or all of your request, we send you a letter that explains the reasons and tells you how you can make an appeal.

Deadlines for a standard appeal at Level 1

- If we use the standard deadlines, we must give you our answer **within 7 calendar days** after we get your appeal for a drug you didn’t get.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- We give you our decision sooner if you didn't get the drug and your health condition requires it. If you believe your health requires it, ask for a fast appeal.

If we don't give you a decision within 7 calendar days, we must send your request to Level 2 of the appeals process. Then an Independent Review Organization reviews it. Refer to **Section G6** for information about the review organization and the Level 2 appeals process.

If we say **Yes** to part or all of your request:

- We must **provide the coverage** we agreed to provide as quickly as your health requires but **no later than 7 calendar days** after we get your appeal.
- We must **send payment to you** for a drug you bought **within 30 calendar days** after we get your appeal.

If we say **No** to part or all of your request:

- We send you a letter that explains the reasons and tells you how you can make an appeal.
- We must give you our answer about paying you back for a drug you bought **within 14 calendar days** after we get your appeal.

If we don't give you a decision within 14 calendar days, we must send your request to Level 2 of the appeals process. Then an Independent Review Organization reviews it. Refer to **Section G6** for information about the review organization and the Level 2 appeals process.

- If we say **Yes** to part or all of your request, we must pay you within 30 calendar days after we get your request.
- If we say **No** to part or all of your request, we send you a letter that explains the reasons and tells you how you can make an appeal.

G6. Making a Level 2 Appeal

If we say **No** to your Level 1 Appeal, you can accept our decision or make another appeal. If you decide to make another appeal, you use the Level 2 Appeal appeals process. The **Independent Review Organization** reviews our decision when we said **No** to your first appeal. This organization decides if we should change our decision.

The formal name for the "**Independent Review Organization**" is the "Independent Review Entity," sometimes called the "**IRE.**"

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



To make a Level 2 Appeal, you, your representative, or your doctor or other prescriber must contact the Independent Review Organization **in writing** and ask for a review of your case.

- If we say **No** to your Level 1 Appeal, the letter we send you include **instructions about how to make a Level 2 Appeal** with the Independent Review Organization. The instructions tell who can make the Level 2 Appeal, what deadlines you must follow, and how to reach the organization.
- When you make an appeal to the Independent Review Organization, we send the information we have about your appeal to the organization. This information is called your “case file.” **You have the right to a free copy of your case file.**
- You have a right to give the Independent Review Organization additional information to support your appeal.

The Independent Review Organization reviews your Part D Level 2 Appeal and gives you an answer in writing. Refer to **Section F4** for more information about the Independent Review Organization.

Deadlines for a fast appeal at Level 2

If your health requires it, ask the Independent Review Organization for a fast appeal.

- If they agree to a fast appeal, they must give you an answer **within 72 hours** after getting your appeal request.
- If they say **Yes** to part or all of your request, we must provide the approved drug coverage **within 24 hours** after getting the Independent Review Organization’s decision.

Deadlines for a standard appeal at Level 2

If you have a standard appeal at Level 2, the Independent Review Organization must give you an answer:

- **Within 7 calendar days** after they get your appeal for a drug you didn’t get.
- **Within 14 calendar days** after getting your appeal for repayment for a drug you bought.

If the Independent Review Organization says **Yes** to part or all of your request:

- We must provide the approved drug coverage **within 72 hours** after we get the Independent Review Organization’s decision.
- We must pay you back for a drug you bought within 30 calendar days after we get the Independent Review Organization’s decision.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- If the Independent Review Organization says **No** to your appeal, it means they agree with our decision not to approve your request. This is called “upholding the decision” or “turning down your appeal.”

If the Independent Review Organization says **No** to your Level 2 Appeal, you have the right to a Level 3 Appeal if the dollar value of the drug coverage you ask for meets a minimum dollar value. If the dollar value of the drug coverage you ask for is less than the required minimum, you can't make another appeal. In that case, the Level 2 Appeal decision is final. The Independent Review Organization sends you a letter that tells you the minimum dollar value needed to continue with a Level 3 Appeal.

If the dollar value of your request meets the requirement, you choose if you want to take your appeal further.

- There are three additional levels in the appeals process after Level 2.
- If the Independent Review Organization says **No** to your Level 2 Appeal and you meet the requirement to continue the appeals process, you:
 - Decide if you want to make a Level 3 Appeal.
 - Refer to the letter the Independent Review Organization sent you after your Level 2 Appeal for details about how to make a Level 3 Appeal.

An Administrative Law Judge or attorney adjudicator handles Level 3 Appeals. Refer to **Section J** for information about Level 3, 4, and 5 Appeals.

H. Asking us to cover a longer hospital stay

When you're admitted to a hospital, you have the right to get all hospital services that we cover that are necessary to diagnose and treat your illness or injury. For more information about our plan's hospital coverage, refer to **Chapter 4** of your *Member Handbook*.

During your covered hospital stay, your doctor and the hospital staff work with you to prepare for the day when you leave the hospital. They also help arrange for care you may need after you leave.

- The day you leave the hospital is called your “discharge date.”
- Your doctor or the hospital staff will tell you what your discharge date is.

If you think you're being asked to leave the hospital too soon or you are concerned about your care after you leave the hospital, you can ask for a longer hospital stay. This section tells you how to ask.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



H1. Learning about your Medicare rights

Within two days after you're admitted to the hospital, someone at the hospital, such as a nurse or caseworker, will give you a written notice called "**An Important Message from Medicare about Your Rights.**" Everyone with Medicare gets a copy of this notice whenever they are admitted to a hospital.

If you don't get the notice, ask any hospital employee for it. If you need help, call Customer Service at the numbers at the bottom of the page. You can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

- **Read the notice** carefully and ask questions if you don't understand. The notice tells you about your rights as a hospital patient, including your rights to:
 - Get Medicare-covered services during and after your hospital stay. You have the right to know what these services are, who will pay for them, and where you can get them.
 - Be a part of any decisions about the length of your hospital stay.
 - Know where to report any concerns you have about the quality of your hospital care.
 - Appeal if you think you're being discharged from the hospital too soon.
- **Sign the notice** to show that you got it and understand your rights.
 - You or someone acting on your behalf can sign the notice.
 - Signing the notice **only** shows that you got the information about your rights. Signing does **not** mean you agree to a discharge date your doctor or the hospital staff may have told you.
- **Keep your copy** of the signed notice so you have the information if you need it.

If you sign the notice more than two days before the day you leave the hospital, you'll get another copy before you're discharged.

You can look at a copy of the notice in advance if you:

- Call Customer Service at the numbers at the bottom of the page
- Call Medicare at 1-800 MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- Visit www.cms.gov/Medicare/Medicare-General-Information/BNI/HospitalDischargeAppealNotices.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

H2. Making a Level 1 Appeal

If you want us to cover your inpatient hospital services for a longer time, make an appeal. The Quality Improvement Organization reviews the Level 1 Appeal to find out if your planned discharge date is medically appropriate for you.

The Quality Improvement Organization is a group of doctors and other health care professionals paid by the federal government. These experts check and help improve the quality for people with Medicare. They are not part of our plan.

In California, the Quality Improvement Organization is Livanta Beneficiary and Family Centered Care (BFCC)-Quality Improvement Organization (QIO). Call them at 1-877-588-1123 (TTY: 1-855-887-6668), 24 hours a day, 7 days a week. Contact information is also in the notice, “An Important Message from Medicare about Your Rights,” and in **Chapter 2**.

Call the Quality Improvement Organization before you leave the hospital and no later than your planned discharge date.

- **If you call before you leave**, you can stay in the hospital after your planned discharge date without paying for it while you wait for the Quality Improvement Organization’s decision about your appeal.
- **If you do not call to appeal**, and you decide to stay in the hospital after your planned discharge date, you may pay all costs for hospital care you get after your planned discharge date.
- **If you miss the deadline** for contacting the Quality Improvement Organization about your appeal, appeal to our plan directly instead. Refer to **Section G4** for information about making an appeal to us.
- Because hospital stays are covered by both Medicare and Medi-Cal, if the Quality Improvement Organization will not hear your request to continue your hospital stay, or you believe that your situation is urgent, involves an immediate and serious threat to your health, or you are in severe pain, you may also file a complaint with or ask the California Department of Managed Health Care (DMHC) for an Independent Medical Review. Please refer to **Section F4** on page 176 to learn how to file a complaint and ask the DMHC for an Independent Medical Review.

Ask for help if you need it. If you have questions or need help at any time:

- Call Customer Service at the numbers at the bottom of the page.
- Call the Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Ask for a fast review. Act quickly and contact the Quality Improvement Organization to ask for a fast review of your hospital discharge.

The legal term for “**fast review**” is “**immediate review**” or “**expedited review**.”

What happens during fast review

- Reviewers at the Quality Improvement Organization ask you or your representative why you think coverage should continue after the planned discharge date. You aren’t required to write a statement, but you may.
- Reviewers look at your medical information, talk with your doctor, and review information that the hospital and our plan gave them.
- By noon of the day after reviewers tell our plan about your appeal, you will get another notice that explains why your doctor, the hospital, and we think that is the right discharge date that’s medically appropriate for you.

The legal term for this written explanation is the “**Detailed Notice of Discharge**.” You can get a sample by calling Customer Service at the numbers at the bottom of the page or 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.) You can also refer to a sample notice online at www.cms.gov/Medicare/Medicare-General-Information/BNI/HospitalDischargeAppealNotices.

Within one full day after getting all of the information it needs, the Quality Improvement Organization give you their answer to your appeal.

If the Quality Improvement Organizations says **Yes** to your appeal:

- We will provide your covered inpatient hospital services for as long as the services are medically necessary.

If the Quality Improvement Organization says **No** to your appeal:

- They believe your planned discharge date is medically appropriate.
- Our coverage for your inpatient hospital services will end at noon on the day after the Quality Improvement Organization gives you their answer to your appeal.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- You may have to pay the full cost of hospital care you get after noon on the day after the Quality Improvement Organization gives you their answer to your appeal.
- You can make a Level 2 Appeal if the Quality Improvement Organization turns down your Level 1 Appeal **and** you stay in the hospital after your planned discharge date.

H3. Making a Level 2 Appeal

For a Level 2 Appeal, you ask the Quality Improvement Organization to take another look at the decision they made on your Level 1 Appeal. Call them at 1-877-588-1123 (TTY: 1-855-887-6668), 24 hours a day, 7 days a week.

You must ask for this review **within 60 calendar days** after the day the Quality Improvement Organization said **No** to your Level 1 Appeal. You can ask for this review **only** if you stay in the hospital after the date that your coverage for the care ended.

Quality Improvement Organization reviewers will:

- Take another careful look at all of the information related to your appeal.
- Tell you their decision about your Level 2 Appeal within 14 calendar days of receipt of your request for a second review.

If the Quality Review Organization says **Yes** to your appeal:

- We must pay you back for our share of hospital care costs since noon on the day after the date the Quality Improvement Organization turned down your Level 1 Appeal.
- We will provide your covered inpatient hospital services for as long as the services are medically necessary.

If the Quality Review Organization says **No** to your appeal:

- They agree with their decision about your Level 1 Appeal and won't change it.
- They give you a letter that tells you what you can do if you want to continue the appeals process and make a Level 3 Appeal.
- You may also file a complaint with or ask the DMHC for an Independent Medical Review to continue your hospital stay. Please refer to **Section E4** on page 169 to learn how to file a complaint with and ask the DMHC for an Independent Medical Review.

An Administrative Law Judge or attorney adjudicator handles Level 3 Appeals. Refer to **Section J** for information about Level 3, 4, and 5 Appeals.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



H4. Making a Level 1 Alternate Appeal

The deadline for contacting the Quality Improvement Organization for a Level 1 Appeal is within 60 days or no later than your planned hospital discharge date. If you miss the Level 1 Appeal deadline, you can use an “Alternate Appeal” process.

Contact Customer Service at the numbers at the bottom of the page and ask us for a “fast review” of your hospital discharge date.

The legal term for “fast review” or “fast appeal” is “**expedited appeal.**”

- We look at all of the information about your hospital stay.
- We check that the first decision was fair and followed the rules.
- We use fast deadlines instead of standard deadlines and give you our decision within 72 hours of when you asked for a fast review.

If we say **Yes** to your fast appeal:

- We agree that you need to be in the hospital after the discharge date.
- We will provide your covered inpatient hospital services for as long as the services are medically necessary.
- We pay you back for our share of the costs of care you got since the date when we said your coverage would end.

If we say **No** to your fast appeal:

- We agree that your planned discharge date was medically appropriate.
- Our coverage for your inpatient hospital services ends on the date we told you.
- We will not pay any share of the costs after this date.
- You may have to pay the full cost of hospital care you got after the planned discharge date if you continued to stay in the hospital.
- We send your appeal to the Independent Review Organization to make sure we followed all the rules. When we do this, your case automatically goes to the Level 2 appeals process.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

H5. Making a Level 2 Alternate Appeal

We send the information for your Level 2 Appeal to the Independent Review Organization within 24 hours of giving saying **No** to your Level 1 Appeal. We do this automatically. You don't need to do anything.

If you think we didn't meet this deadline, or any other deadline, you can make a complaint. Refer to **Section K** for information about making complaints.

The Independent Review Organization does a fast review of your appeal. They take a careful look at all of the information about your hospital discharge and usually give you an answer within 72 hours.

If the Independent Review Organization says **Yes** to your appeal:

- We pay you back for our share of the costs of care you got since the date when we said your coverage would end.
- We will provide your covered inpatient hospital services for as long as the services are medically necessary.

If the Independent Review Organization says **No** to your appeal:

- They agree that your planned hospital discharge date was medically appropriate.
- They give you a letter that tells you what you can do if you want to continue the appeals process and make a Level 3 Appeal.

An Administrative Law Judge or attorney adjudicator handles Level 3 Appeals. Refer to **Section J** for information about Level 3, 4, and 5 Appeals.

You may also file a complaint with and ask the DMHC for an Independent Medical Review to continue your hospital stay. Please refer to **Section F4** on page 176 to learn how to file a complaint with and ask the DMHC for an Independent Medical Review. You can ask for an Independent Medical Review in addition to or instead of a Level 3 Appeal.

I. Asking us to continue covering certain medical services

This section is only about three types of services you may be getting:

- Home health care services
- Skilled nursing care in a skilled nursing facility

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- Rehabilitation care as an outpatient at a Medicare-approved Comprehensive Outpatient Rehabilitation Facility (CORF). This usually means you're getting treatment for an illness or accident or you're recovering from a major operation.

With any of these three types of services, you have the right to get covered services for as long as the doctor says you need them.

When we decide to stop covering any of these, we must tell you **before** your services end. When your coverage for that service ends, we stop paying for it.

If you think we're ending the coverage of your care too soon, **you can appeal our decision**. This section tells you how to ask for an appeal.

I1. Advance notice before your coverage ends

We send you a written notice that you'll get at least two days before we stop paying for your care. This is called the "Notice of Medicare Non-Coverage." The notice tells you the date when we will stop covering your care and how to appeal our decision.

You or your representative should sign the notice to show that you got it. Signing the notice **only** shows that you got the information. Signing does **not** mean you agree with our decision.

I2. Making a Level 1 Appeal

If you think we're ending coverage of your care too soon, you can appeal our decision. This section tells you about the Level 1 Appeal process and what to do.

- **Meet the deadlines.** The deadlines are important. Understand and follow the deadlines that apply to things you must do. Our plan must follow deadlines too. If you think we're not meeting our deadlines, you can file a complaint. Refer to **Section K** for more information about complaints.
- **Ask for help if you need it.** If you have questions or need help at any time:
 - Call Customer Service at the numbers at the bottom of the page.
 - Call the Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222.
- **Contact the Quality Improvement Organization.**
 - Refer to **Section H3** or refer to **Chapter 2** of your *Member Handbook* for more information about the QIO and how to contact them.
 - Ask them to review your appeal and decide whether to change our plan's decision.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- **Act quickly and ask for a “fast-track appeal.** Ask the Quality Improvement Organization if it’s medically appropriate for us to end coverage of your medical services.

Your deadline for contacting this organization

- You must contact the Quality Improvement Organization to start your appeal by noon of the day before the effective date on the Notice of Medicare Non-Coverage we sent you.
- If you miss the deadline for contacting the Quality Improvement Organization, you can make your appeal directly to us instead. For details about how to do that, refer to **Section I5**.
- If the Quality Improvement Organization will not hear your request to continue coverage of your health care services or you believe that your situation is urgent or involves an immediate and serious threat to your health or if you are in severe pain, you may file a complaint with and ask the California Department of Managed Health Care (DMHC) for an Independent Medical Review. Please refer to **Section F4** on page 176 to learn how to file a complaint with and ask the DMHC for an Independent Medical Review.

The legal term for the written notice is “**Notice of Medicare Non-Coverage.**” To get a sample copy, call Customer Service at the numbers at the bottom of the page or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or get a copy online at www.cms.gov/Medicare/Medicare-General-Information/BNI/MAEDNotices.

What happens during a fast-track appeal

- Reviewers at the Quality Improvement Organization ask you or your representative why you think coverage should continue. You aren’t required to write a statement, but you may.
- Reviewers look at your medical information, talk with your doctor, and review information that our plan gave them.
- Our plan also sends you a written notice that explains our reasons for ending coverage of your services. You get the notice by the end of the day the reviewers inform us of your appeal.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



The legal term for the notice explanation is “**Detailed Explanation of Non-Coverage.**”

- Reviewers tell you their decision within one full day after getting all the information they need.

If the Independent Review Organization says **Yes** to your appeal:

- We will provide your covered services for as long as they are medically necessary.

If the Independent Review Organization says **No** to your appeal:

- Your coverage ends on the date we told you.
- We stop paying our share of the costs of this care on the date in the notice.
- You pay the full cost of this care yourself if you decide to continue the home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services after the date your coverage ends
- You decide if you want to continue these services and make a Level 2 Appeal.

13. Making a Level 2 Appeal

For a Level 2 Appeal, you ask the Quality Improvement Organization to take another look at the decision they made on your Level 1 Appeal. Call them at 1-877-588-1122 (TTY: 1-855-887-6668), 24 hours a day, 7 days a week.

You must ask for this review **within 60 calendar days** after the day the Quality Improvement Organization said **No** to your Level 1 Appeal. You can ask for this review **only** if you continue care after the date that your coverage for the care ended.

Quality Improvement Organization reviewers will:

- Take another careful look at all of the information related to your appeal.
- Tell you their decision about your Level 2 Appeal within 14 calendar days of receipt of your request for a second review.

If the Independent Review Organization says **Yes** to your appeal:

- We pay you back for our share of the costs of care you got since the date when we said your coverage would end.
- We will provide coverage for the care for as long as it is medically necessary.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

If the Independent Review Organization says **No** to your appeal:

- They agree with our decision to end your care and will not change it.
- They give you a letter that tells you what you can do if you want to continue the appeals process and make a Level 3 Appeal.
- You may file a complaint with and ask the DMHC for an Independent Medical Review to continue coverage of your health care services. Please refer to **Section F4** on page 176 to learn how to ask the DMHC for an Independent Medical Review. You can file a complaint with and ask the DMHC for an Independent Medical Review in addition to or instead of a Level 3 Appeal.

An Administrative Law Judge or attorney adjudicator handles Level 3 Appeals. Refer to **Section J** for information about Level 3, 4, and 5 Appeals.

14. Making a Level 1 Alternate Appeal

As explained in **Section I3**, you must act quickly and contact the Quality Improvement Organization to start your Level 1 Appeal. If you miss the deadline, you can use an “Alternate Appeal” process.

Contact Customer Service at the numbers at the bottom of the page and ask us for a “fast review.”

The legal term for “fast review” or “fast appeal” is “**expedited appeal.**”

- We look at all of the information about your case.
- We check that the first decision was fair and followed the rules when we set the date for ending coverage for your services.
- We use fast deadlines instead of standard deadlines and give you our decision within 72 hours of when you asked for a fast review.

If we say **Yes** to your fast appeal:

- We agree that you need services longer.
- We will provide your covered services for as long as the services are medically necessary.
- We agree to pay you back for our share of the costs of care you got since the date when we said your coverage would end.

If we say **No** to your fast appeal:

- Our coverage for these services ends on the date we told you.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- We will not pay any share of the costs after this date.
- You pay the full cost of these services if you continue getting them after the date we told you our coverage would end.
- We send your appeal to the Independent Review Organization to make sure we followed all the rules. When we do this, your case automatically goes to the Level 2 appeals process.

15. Making a Level 2 Alternate Appeal

During the Level 2 Appeal, we send the information for your Level 2 Appeal to the Independent Review Organization within 24 hours of saying No to your Level 1 Appeal. We do this automatically. You don't need to do anything.

If you think we didn't meet this deadline, or any other deadline, you can make a complaint. Refer to **Section K** for information about making complaints.

The Independent Review Organization does a fast review of your appeal. They take a careful look at all of the information about your hospital discharge and usually give you an answer within 72 hours.

If the Independent Review Organization says **Yes** to your appeal:

- We pay you back for our share of the costs of care you got since the date when we said your coverage would end.
- We will provide your covered inpatient hospital services for as long as the services are medically necessary.

If the Independent Review Organization says **No** to your appeal:

- They agree with our decision to end your care and will not change it.
- They give you a letter that tells you what you can do if you want to continue the appeals process and make a Level 3 Appeal.

You may also file a complaint with and ask the DMHC for an Independent Medical Review to continue coverage of your health care services. Please refer to **Section F4** on page 176 to learn how to ask the DMHC for an Independent Medical Review. You can file a complaint with and ask for an Independent Medical Review in addition to or instead of a Level 3 Appeal.

An Administrative Law Judge or attorney adjudicator handles Level 3 Appeals. Refer to **Section J** for information about Level 3, 4, and 5 Appeals.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

J. Taking your appeal beyond Level 2

J1. Next steps for Medicare services and items

If you made a Level 1 Appeal and a Level 2 Appeal for Medicare services or items, and both of your appeals were turned down, you may have the right to additional levels of appeal.

If the dollar value of the Medicare service or item you appealed does not meet a certain minimum dollar amount, you cannot appeal any further. If the dollar value is high enough, you can continue the appeals process. The letter you get from the Independent Review Organization for your Level 2 Appeal explains who to contact and what to do to ask for a Level 3 Appeal.

Level 3 Appeal

Level 3 of the appeals process is an Administrative Law Judge (ALJ) hearing. The person who makes the decision is an ALJ or an attorney adjudicator who works for the federal government.

If the ALJ or attorney adjudicator says **Yes** to your appeal, we have the right to appeal a Level 3 decision that is favorable to you.

- If we decide **to appeal** the decision, we send you a copy of the Level 4 Appeal request with any accompanying documents. We may wait for the Level 4 Appeal decision before authorizing or providing the service in dispute.
- If we decide **not to appeal** the decision, we must authorize or provide you with the service within 60 calendar days after getting the ALJ or attorney adjudicator's decision.

If the ALJ or attorney adjudicator says **No** to your appeal, the appeals process may not be over.

- If you decide **to accept** this decision that turns down your appeal, the appeals process is over.
- If you decide **not to accept** this decision that turns down your appeal, you can continue to the next level of the review process. The notice you get will tell you what to do for a Level 4 Appeal.

Level 4 Appeal

The Medicare Appeals Council reviews your appeal and gives you an answer. The Council is part of the federal government.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



If the Council says **Yes** to your Level 4 Appeal or denies our request to review a Level 3 Appeal decision favorable to you, we have the right to appeal to Level 5.

- If we decide **to appeal** the decision, we will tell you in writing.
- If we decide **not to appeal** the decision, we must authorize or provide you with the service within 60 calendar days after getting the Council's decision.

If the Council says **No** or denies our review request, the appeals process may not be over.

- If you decide **to accept** this decision that turns down your appeal, the appeals process is over.
- If you decide **not to accept** this decision that turns down your appeal, you may be able to continue to the next level of the review process. The notice you get will tell you if you can go on to a Level 5 Appeal and what to do.

Level 5 Appeal

A Federal District Court judge will review your appeal and all of the information and decide **Yes** or **No**. This is the final decision. There are no other appeal levels beyond the Federal District Court.

J2. Additional Medi-Cal appeals

You also have other appeal rights if your appeal is about services or items that Medi-Cal usually covers. The letter you get from the Fair Hearing office will tell you what to do if you want to continue the appeals process.

J3. Appeal Levels 3, 4 and 5 for Part D Drug Requests

This section may be appropriate for you if you made a Level 1 Appeal and a Level 2 Appeal, and both of your appeals have been turned down.

If the value of the drug you appealed meets a certain dollar amount, you may be able to go on to additional levels of appeal. The written response you get to your Level 2 Appeal explains who to contact and what to do to ask for a Level 3 Appeal.

Level 3 Appeal

Level 3 of the appeals process is an Administrative Law Judge (ALJ) hearing. The person who makes the decision is an ALJ or an attorney adjudicator who works for the federal government.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

If the ALJ or attorney adjudicator says **Yes** to your appeal:

- The appeals process is over.
- We must authorize or provide the approved drug coverage within 72 hours (or 24 hours for an expedited appeal) or make payment no later than 30 calendar days after we get the decision.

If the ALJ or attorney adjudicator says **No** to your appeal, the appeals process may not be over.

- If you decide **to accept** this decision that turns down your appeal, the appeals process is over.
- If you decide **not to accept** this decision that turns down your appeal, you can continue to the next level of the review process. The notice you get will tell you what to do for a Level 4 Appeal.

Level 4 Appeal

The Medicare Appeals Council reviews your appeal and gives you an answer. The Council is part of the federal government.

If the Council says **Yes** to your appeal:

- The appeals process is over.
- We must authorize or provide the approved drug coverage within 72 hours (or 24 hours for an expedited appeal) or make payment no later than 30 calendar days after we get the decision.

If the Council says **No** to your appeal, the appeals process may not be over.

- If you decide **to accept** this decision that turns down your appeal, the appeals process is over.
- If you decide **not to accept** this decision that turns down your appeal, you may be able to continue to the next level of the review process. The notice you get will tell you if you can go on to a Level 5 Appeal and what to do.

Level 5 Appeal

A Federal District Court judge will review your appeal and all of the information and decide **Yes** or **No**. This is the final decision. There are no other appeal levels beyond the Federal District Court.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



K. How to make a complaint

K1. What kinds of problems should be complaints

The complaint process is used for certain types of problems only, such as problems related to quality of care, waiting times, coordination of care, and customer service. Here are examples of the kinds of problems handled by the complaint process.

Complaint	Example
Quality of your medical care	<ul style="list-style-type: none"> You are unhappy with the quality of care, such as the care you got in the hospital.
Respecting your privacy	<ul style="list-style-type: none"> You think that someone did not respect your right to privacy or shared confidential information about you.
Disrespect, poor customer service, or other negative behaviors	<ul style="list-style-type: none"> A health care provider or staff was rude or disrespectful to you. Our staff treated you poorly. You think you are being pushed out of our plan.
Accessibility and language assistance	<ul style="list-style-type: none"> You cannot physically access the health care services and facilities in a doctor or provider's office. Your doctor or provider does not provide an interpreter for the non-English language you speak (such as American Sign Language or Spanish). Your provider does not give you other reasonable accommodations you need and ask for.
Waiting times	<ul style="list-style-type: none"> You have trouble getting an appointment or wait too long to get it. Doctors, pharmacists, or other health professionals, Customer Service, or other plan staff keep you waiting too long.
Cleanliness	<ul style="list-style-type: none"> You think the clinic, hospital or doctor's office is not clean.
Information you get from us	<ul style="list-style-type: none"> You think we failed to give you a notice or letter that you should have received. You think written information we sent you is too difficult to understand.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Complaint	Example
<p>Timeliness related to coverage decisions or appeals</p>	<ul style="list-style-type: none"> • You think we don't meet our deadlines for making a coverage decision or answering your appeal. • You think that, after getting a coverage or appeal decision in your favor, we don't meet the deadlines for approving or giving you the service or paying you back for certain medical services. • You don't think we sent your case to the Independent Review Organization on time.

There are different kinds of complaints. You can make an internal complaint and/or an external complaint. An internal complaint is filed with and reviewed by our plan. An external complaint is filed with and reviewed by an organization not affiliated with our plan. If you need help making an internal and/or external complaint, you can call the Office of the Ombudsman. Go to **Chapter 2, Section I** for more information..

The legal term for a “complaint” is a “**grievance.**”

The legal term for “making a complaint” is “**filing a grievance.**”

K2. Internal complaints

To make an internal complaint, call Customer Service at 1-877-723-4795 (TTY: 711). You can make the complaint at any time unless it is about a Part D drug. If the complaint is about a Part D drug, you must make it **within 60 calendar** days after you had the problem you want to complain about.

- If there is anything else you need to do, Customer Service will tell you.
- You can also write your complaint and send it to us. If you put your complaint in writing, we will respond to your complaint in writing.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- You can use our “DualConnect Member Grievance and Appeal Form” available on our website at www.scfhp.com/dualconnect. All of our plan providers can give you the form or we can mail one to you. You can also file a grievance online. You can give a completed form to our plan provider or send it to us at the address below:

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

We will call you or send you a letter within 5 days, letting you know we received your grievance. We will work to resolve the complaint and we may contact you or your provider for more information.

The entire process will be resolved within 30 days. We will send you a letter explaining our decision within this time.

You can make a “fast complaint” if you disagree with our decision not to expedite your request for a coverage decision or appeal, or our decision to extend the timeframe for a coverage decision or appeal. We will respond to your fast complaint within 24 hours from the time that we receive your request.

The legal term for “fast complaint” is “expedited grievance.”

If possible, we answer you right away. If you call us with a complaint, we may be able to give you an answer on the same phone call. If your health condition requires us to answer quickly, we will do that.

- We answer most complaints within 30 calendar days. If we don’t make a decision within 30 calendar days because we need more information, we notify you in writing. We also provide a status update and estimated time for you to get the answer.
- If you make a complaint because we denied your request for a “fast coverage decision” or a “fast appeal,” we automatically give you a “fast complaint” and respond to your complaint within 24 hours.
- If you make a complaint because we took extra time to make a coverage decision or appeal, we automatically give you a “fast complaint” and respond to your complaint within 24 hours.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

If we don't agree with some or all of your complaint, we will tell you and give you our reasons. We respond whether we agree with the complaint or not.

K3. External complaints

Medicare

You can tell Medicare about your complaint or send it to Medicare. The Medicare Complaint Form is available at:

www.medicare.gov/MedicareComplaintForm/home.aspx.

You do not need to file a complaint with SCFHP DualConnect before filing a complaint with Medicare.

Medicare takes your complaints seriously and uses this information to help improve the quality of the Medicare program.

If you have any other feedback or concerns, or if you feel the health plan not addressing your problem, you can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. The call is free.

Medi-Cal

You can file a complaint with the California Department of health Care Services (DHCS) Medi-Cal Managed Care Ombudsman by calling 1-888-452-8609. TTY users can call 711. Call Monday through Friday between 8:00 a.m. and 5:00 p.m.

You can file a complaint with the California Department of Managed Health Care (DMHC). The DMHC is responsible for regulating health plans. You can call the DMHC Help Center for help with complaints about Medi-Cal services. You may contact the DMHC if you need help with a complaint involving an urgent issue or one that involves an immediate and serious threat to your health, if you are in severe pain, if you disagree with our plan's decision about your complaint, or if our plan has not resolved your complaint after 30 calendar days.

Here are two ways to get help from the Help Center:

- Call 1-888-466-2219. Individuals who are deaf, hard of hearing, or speech-impaired can use the toll-free TTY number, 1-877-688-9891. The call is free.
- Visit the Department of Managed Health Care's website (www.dmhc.ca.gov).

Office for Civil Rights

You can make a complaint to the Department of Health and Human Services Office for Civil Rights if you think you have not been treated fairly. For example, you can make a

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



complaint about disability access or language assistance. The phone number for the Office for Civil Rights is 1-800-368-1019. TTY users should call 1-800-537-7697. You can visit www.hhs.gov/ocr for more information.

You may also contact the local Office for Civil Rights office at:

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

You may also have rights under the Americans with Disability Act and under any state laws that may apply. You can contact the Office of the Ombudsman. Go to **Chapter 2, Section I** for more information.

Quality Improvement Organization

When your complaint is about quality of care, you have two choices:

- You can make your complaint about the quality of care directly to the Quality Improvement Organization.
- You can make your complaint to the Quality Improvement Organization and to our plan. If you make a complaint to the Quality Improvement Organization, we work with them to resolve your complaint.

The Quality Improvement Organization is a group of practicing doctors and other health care experts paid by the federal government to check and improve the care given to Medicare patients. To learn more about the Quality Improvement Organization, refer to **Section H3** or refer to **Chapter 2** of your *Member Handbook*.

In California, the Quality Improvement Organization is called Livanta BFCC-QIO. The phone number for Livanta BFCC-QIO is 1-877-588-1123.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Chapter 10: Ending your membership in our plan

Introduction

This chapter explains how you can end your membership with our plan and your health coverage options after you leave our plan. If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Table of Contents

A. When you can end your membership with our plan	213
B. How to end your membership in our plan	214
C. How to get Medicare and Medi-Cal services.....	214
C1. Your Medicare services	214
C2. Your Medi-Cal services	217
D. How to get your medical services and drugs until your membership in our plan ends	217
E. Other situations when your membership in our plan ends	218
F. Rules against asking you to leave our plan for any health-related reason.....	219
G. Your right to make a complaint if we end your membership in our plan.....	219

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



A. When you can end your membership with our plan

Most people with Medicare can end their membership during certain times of the year. Since you have Medi-Cal, you may be able to end your membership with our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods each year:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- You moved out of our service area,
- Your eligibility for Medi-Cal or Extra Help changed, **or**
- If you recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital.

Your membership ends on the last day of the month that we get your request to change your plan. For example, if we get your request on January 18, your coverage with our plan ends on January 31. Your new coverage begins the first day of the next month (February 1, in this example).

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section C1**.
- Medi-Cal services in **Section C2**.

You can get more information about how you can end your membership by calling:

- Customer Service at the numbers at the bottom of the page.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- California Health Insurance Counseling and Advocacy Program (HICAP), at 1-800-434-0222 (TTY: 711), Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/.
- Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077.
- Medi-Cal Managed Care Ombudsman at 1-888-452-8609, Monday through Friday from 8:00 a.m. to 5:00 p.m. or e-mail MMCDOmbudsmanOffice@dhcs.ca.gov.

NOTE: If you're in a drug management program, you may not be able to change plans. Refer to **Chapter 5** of your *Member Handbook* for information about drug management programs.

B. How to end your membership in our plan

You have the following options if you want to leave our plan:

- Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users (people who have difficulty hearing or speaking) should call 1-877-486-2048. When you call 1-800-MEDICARE, you can also enroll in another Medicare health or drug plan. More information on getting your Medicare services when you leave our plan is in the chart on page 214.
- Call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077.
- Section C below includes steps that you can take to enroll in a different plan, which will also end your membership in our plan.

C. How to get Medicare and Medi-Cal services

You have choices about getting your Medicare and Medi-Cal services if you choose to leave our plan.

C1. Your Medicare services

You have three options for getting your Medicare services listed below. By choosing one of these options, you automatically end your membership in our plan.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



<p>1. You can change to:</p> <p>Another Medicare health plan including a plan that combines your Medicare and Medi-Cal coverage</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY: 711), Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan's coverage begins. Your Medi-Cal plan may change.</p>
---	--



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY: 711), Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You are automatically disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
---	---

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you do not want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY: 711), Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>You are automatically disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
--	--

C2. Your Medi-Cal services

For questions about how to get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

D. How to get your medical services and drugs until your membership in our plan ends

If you leave our plan, it may take time before your membership ends and your new Medicare and Medi-Cal coverage begins. During this time, you keep getting your prescription drugs and health care through our plan until your new plan begins.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Use our network pharmacies including through our mail-order pharmacy services to get your prescriptions filled.
- If you are hospitalized on the day that your membership in SCFHP DualConnect ends, our plan will cover your hospital stay until you are discharged.

E. Other situations when your membership in our plan ends

These are cases when we must end your membership in our plan:

- If there is a break in your Medicare Part A and Part B coverage.
- If you no longer qualify for Medi-Cal. Our plan is only for people who qualify for both Medicare and Medi-Cal. To be a member of SCFHP DualConnect, you must keep your eligibility with Medi-Cal and Medicare. The State or Medicare may disenroll you if you are determined no longer eligible for Medicare Medi-Cal Plans
- If you move out of our service area.
- If you are away from our service area for more than six months.
 - If you move or take a long trip, call Customer Service to find out if where you're moving or traveling to is in our plan's service area.
- If you go to jail or prison for a criminal offense.
- If you lie about or withhold information about other insurance you have for prescription drugs.
- If you are not a United States citizen or are not lawfully present in the United States.
 - You must be a United States citizen or lawfully present in the United States to be a member of our plan.
 - The Centers for Medicare & Medicaid Services notify us if you're not eligible to remain a member on this basis.
 - We must disenroll you if you don't meet this requirement.

If you lose your eligibility but can reasonably be expected to regain eligibility within 3 months, then you are still eligible for membership in our plan (Chapter 4, Section A tells you about coverage and cost sharing during this period, which is called deemed continued eligibility). We can make you leave our plan for the following reasons only if we get permission from Medicare and Medi-Cal first:

- If you intentionally give us incorrect information when you are enrolling in our plan and that information affects your eligibility for our plan.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- If you continuously behave in a way that is disruptive and makes it difficult for us to provide medical care for you and other members of our plan.
- If you let someone else use your plan ID card to get medical care. (Medicare may ask the Inspector General to investigate your case if we end your membership for this reason.)

F. Rules against asking you to leave our plan for any health-related reason

We cannot ask you to leave our plan for any reason related to your health. If you think we're asking you to leave our plan for a health-related reason, **call Medicare** at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may call 24 hours a day, 7 days a week.

G. Your right to make a complaint if we end your membership in our plan

If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We must also explain how you can file a grievance or make a complaint about our decision to end your membership. You can also refer to **Chapter 9** of your *Member Handbook* for information about how to make a complaint.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Chapter 11: Legal notices

Introduction

This chapter includes legal notices that apply to your membership in our plan. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Table of Contents

A. Notice about laws	221
B. Notice about nondiscrimination.....	221
C. Notice about Medicare as a second payer and Medi-Cal as a payer of last resort.....	223
D. Third Party Liability	223
E. Notice of Privacy Practices	224
F. Fraud, waste, and abuse	232
F1. Health Care Fraud.....	232
F2. How to report fraud, waste, and abuse.....	233
G. Affirmative Statement about Incentives.....	234
H. How Santa Clara Family Health Plan (SCFHP) evaluates New Technology	235
I. Quality Improvement.....	235



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

A. 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 the *Member Handbook*. The main laws that apply are federal and state laws about the Medicare and Medi-Cal programs. Other federal and state laws may apply too.

B. Notice about nondiscrimination

Every company or agency that works with Medicare and Medi-Cal must obey laws that protect you from discrimination or unfair treatment. We don't discriminate or treat you differently because of your age, claims experience, color, ethnicity, evidence of insurability, gender, genetic information, geographic location within the service area, health status, medical history, mental or physical disability, national origin, race, religion, sex, or sexual orientation. In addition, we do not unlawfully discriminate, exclude people, or treat them differently because of ancestry, ethnic group identification, gender identity, marital status, or medical condition.

If you want more information or have concerns about discrimination or unfair treatment:

- Call the Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019. TTY users can call 1-800-537-7697. You can also visit www.hhs.gov/ocr for more information.
- Call the Department of Health Care Services, Office for Civil Rights at 1-916-440-7370. TTY users can call 711 (Telecommunications Relay Service).
- Send an email to CivilRights@dhcs.ca.gov.
- Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at:
www.dhcs.ca.gov/Pages/Language_Access.aspx



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

If you believe that you have been discriminated against and want to file a discrimination grievance, contact:

Customer Service:

1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

Send written complaints to:

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

File a discrimination grievance in person:

Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119
Hours: 8:30 a.m. to 5 p.m., Monday through Friday

Santa Clara Family Health Plan Blanca Alvarado Community Resource Center
408 N Capitol Ave
San Jose, CA 95133
Hours: 10 a.m. to 12 p.m. and 1 p.m. to 6 p.m., Monday through Friday

To file a discrimination grievance online, go to www.scfhp.com/dualconnect.

If your grievance is about discrimination in the Medi-Cal program, you can also file a complaint with the Department of Health Care Services, Office of Civil Rights, by phone, in writing, or electronically:

- By phone: Call 916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
- In writing: Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



If you have a disability and need help accessing health care services or a provider, call Customer Service. If you have a complaint, such as a problem with wheelchair access, Customer Service can help.

C. Notice about Medicare as a second payer and Medi-Cal as a payer of last resort

Sometimes someone else must pay first for the services we provide you. For example, if you're in a car accident or if you're injured at work, insurance or Workers Compensation must pay first.

We have the right and responsibility to collect for covered Medicare services for which Medicare is not the first payer.

We comply with federal and state laws and regulations relating to the legal liability of third parties for health care services to members. We take all reasonable measures to ensure that Medi-Cal is the payer of last resort.

D. Third Party Liability

You must tell SCFHP if you are injured or sick because of another person's fault or negligence. SCFHP will let the Department of Health Care Services (DHCS) know about your case.

If the cost of services is paid by another source (a "third party"), DHCS may have a right to get the money back from the third party. If DHCS does not recover these costs, SCFHP may do so. DHCS has the right to recover and can ask a third party for money related to services you get from us if:

- You are sick or hurt due to someone else, such as a car accident (third party tort liability)
- You are hurt on the job (worker's compensation)
- There is money owed (estate recovery)

When DHCS has the right to recover due to a third party's action:

- We will give you any medically necessary services at the time the services are needed
- We will let DHCS know about the third party's action if we know about it
- We will ask the third party to pay us back for the services provided



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- You will need to help us get the necessary information from the third party so that we can get paid back

Keep in mind:

- If the third party pays you money, you must pay DHCS for services that we paid for or gave to you
- The amount you owe DHCS will never be more than the amount you get from the third party

This agreement extends to services provided under any other state or federal medical care program, or under other contractual or legal entitlement including, but not limited to, any health care services provided as a result of a tort or casualty claim (such as automobile accident or workers' compensation) of a third party. Other coverage is primary and Medi-Cal is payer of last resort.

E. Notice of Privacy Practices

Effective: January 1, 2016

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

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



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.

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, workstations, 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



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- 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:

- **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.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- 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.
- 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.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

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.

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.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



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:

- Social Security number;
- driver's license number or California identification card number;
- 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;
- medical information; or)
- health insurance information.

Personal information does not include publicly available information that is lawfully made available to the general public from 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



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

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:

- written notice;
- electronic notice; or
- 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:

- email notice when SCFHP has an email address for the affected member;
- conspicuous posting of the notice on SCFHP's internet website; and
- notification to major statewide media and the Office of Information Security within the California Technology Agency.

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).

SCFHP'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS ARE AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

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:

Compliance and Privacy Officer
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Toll-free: **1-877-723-4795**
Fax: **1-408-874-1970**
TTY: **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: **1-877-723-4795**
Fax: **1-408-874-1970**
TTY: **711**

OR you may contact the agencies below:

Privacy Office Hotline/Office of HIPAA Compliance (OHC)
Phone: **1-916-445-4646**
Toll-free: **1-866-866-0602**
Email: [**privacyofficer@dhcs.ca.gov**](mailto:privacyofficer@dhcs.ca.gov)

Attn: Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th St, Ste 4-100
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**](mailto: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



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

this notice in other languages, braille, large print, or audio, please call or write the SCFHP Privacy Officer at the number or address listed on page 230.

F. Fraud, waste, and abuse

Health care fraud is a serious issue. Fraud makes health care cost more for everyone. Some forms of health care fraud and abuse can endanger your health, safety, and well-being. You can help stop this waste and abuse.

F1. Health Care Fraud

- Health care fraud is a dishonest act done on purpose. Examples are:
 - Letting someone else use your member ID card.
 - Using false information to get medical services or benefits.
 - Getting prescriptions to abuse drugs or sell drugs.
 - Visiting different doctors to get multiple prescriptions for the same drug.
 - Having a provider bill you for services you didn't get.

Committing fraud is a crime. Visit www.stopmedicarefraud.gov for more information.

- **Protect yourself from fraud.** Anyone can commit fraud, including:
 - Members or their caregivers
 - Medical equipment suppliers
 - Hospital employees
 - Billing services
 - Doctors
- How to protect yourself from fraud:
 - Never let someone else use your member ID card.
 - Know who has access to your information, such as a caregiver or relative.
 - Ask your doctors exactly what tests or procedures they want you to have before you have them. And ask them why you need the tests.
 - Track all doctor visits and appointments you attend, miss, or cancel.
 - If you get bills or claims statements for any services, review them and make sure they are correct. (Note: You should not receive bills for benefits covered by Medi-Cal or DualConnect.)

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- If something is confusing or doesn't look right on your medical and/or prescription drug Explanation of Benefits (EOB), please call us at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.
- Beware of "free" medical services.
- Be careful of anyone who asks for your member ID number, personal identification information, or medical history.
- If using a computer, completely log out of all password-protected accounts.
- Notify us immediately if:
 - Your card is lost or stolen.
 - A statement shows services, providers, or dates of service that are not correct. (Note: You should not receive bills for benefits covered by Medi-Cal or DualConnect)

If there is a difference between your records and the doctor's records, it's not always fraud. It could be a simple error. Call us about the difference so we can review it.

F2. How to report fraud, waste, and abuse

Reporting fraud is everyone's responsibility. SCFHP takes fraud, waste, and abuse very seriously. If you suspect fraud, contact our Fraud Hotline as soon as possible. The more information you provide, the better the chance the case is successfully reviewed and resolved.

All calls to the SCFHP Fraud Hotline are anonymous and confidential.

- SCFHP Fraud Hotline:
Phone: 1-408-874-1450, call 24/7.
TTY: 711
Email: ReportFraud@scfhp.com
Fax: 1-408-874-1970

Attn: Compliance Officer
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

You may also contact the federal agencies below:

- California Department of Health Care Services (DHCS)

Phone: 1-800-822-6222

Email: stopmedicalfraud@dhcs.ca.gov

Web: Report Fraud Online

PAU MS 2200

PO Box 997413

Sacramento, CA 95899-7413

- HHS Office of Inspector General

Phone: 1-800-447-8477

TTY: 1-800-377-4950

Web: Report Fraud Online

HHS Tips Hotline

P.O. Box 23489

Washington, DC 20026-3489

- Centers for Medicare & Medicaid Services

Phone: 1-800-633-4227

TTY: 1-877-486-2048

Web: www.stopmedicarefraud.gov

Report Fraud Online: [www.cms.gov/Medicare-Medicaid-Coordination/](http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/ReportFraudandSuspectedFraud.html)

[Fraud-Prevention/FraudAbuseforConsumers/](http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/ReportFraudandSuspectedFraud.html)

[Report Fraud and Suspected Fraud.html](http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/ReportFraudandSuspectedFraud.html)

Medicare Beneficiary Contact Center

P.O. Box 39

Lawrence, KS 66044

G. Affirmative Statement about Incentives

Santa Clara Family Health Plan affirms that:

- Utilization Management (UM) decision-making is based only on appropriateness of care and services and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or service care.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- Incentives, including compensation, for any person are not based on the quantity or type of denial decisions rendered.

For questions regarding this statement please call the Utilization Management Department at 1-408-874-1821.

H. How Santa Clara Family Health Plan (SCFHP) evaluates New Technology

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.

I. Quality Improvement

Quality is important to us, and that’s why SCFHP has a strong Quality Improvement Program. The purpose of the program is to make sure we constantly improve quality, safety, and satisfaction of care for all of our members.

The Quality Improvement process helps to:

- Identify areas that need improvement for member care and customer service,
- Set priorities for review, and
- Develop effective ways to address the areas to ensure improvement.

SCFHP identifies areas that need improvement through the following methods:

- Potential Quality Issues (PQI)
- Grievances and Appeals
- Quality Improvement Projects (QIP)
- Consumer Advisory Board (CAB) – See below for more information.
- Health Outcomes Survey (HOS)



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- Healthcare Effectiveness Data and Information Set (HEDIS) metrics
- Facility Site Reviews (FSR)
- Peer Reviews
- Provider Access and Availability Standards

SCFHP has a group called the Consumer Advisory Board (CAB). This group is made up of members, their family members, and/or other caregivers and representatives of community based organizations. The group talks about how to improve SCFHP policies and is responsible for:

- Providing feedback on services, benefits, providers, issues and ways to improve program management
- Providing feedback on events, activities, communication and member materials
- Participating in quality management programs
- Helping SCFHP find gaps in the health care of members, including members using Long-Term Services and Supports (LTSS) and members with other special needs

If you would like to be a part of this group, call SCFHP Customer Service.

To learn more about the SCFHP's Quality Improvement Program, read the Quality Improvement Program Description available on our website at www.scfhp.com/dualconnect.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Chapter 12: Definitions of important words

Introduction

This chapter includes key terms used throughout your *Member Handbook* with their definitions. The terms are listed in alphabetical order. If you can't find a term you're looking for or if you need more information than a definition includes, contact Customer Service.

Activities of daily living (ADL): The things people do on a normal day, such as eating, using the toilet, getting dressed, bathing, or brushing teeth.

Ambulatory surgical center: A facility that provides outpatient surgery to patients who do not need hospital care and who are not expected to need more than 24 hours of care.

Appeal: A way for you to challenge our action if you think we made a mistake. You can ask us to change a coverage decision by filing an appeal. **Chapter 9** of your *Member Handbook* explains appeals, including how to make an appeal.

Behavioral Health: An all-inclusive term referring to mental health and substance use disorders.

Brand name drug: A prescription drug that is made and sold by the company that originally made the drug. Brand name drugs have the same ingredients as the generic versions of the drugs. Generic drugs are usually made and sold by other drug companies.

Care coordinator: One main person who works with you, with the health plan, and with your care providers to make sure you get the care you need.

Care plan: Refer to "Individualized Care Plan."

Care Plan Optional Services (CPO Services): Additional services that are optional under your Individualized Care Plan (ICP). These services are not intended to replace long-term services and supports that you are authorized to get under Medi-Cal.

Care team: Refer to "Interdisciplinary Care Team."

Centers for Medicare & Medicaid Services (CMS): The federal agency in charge of Medicare. **Chapter 2** of your *Member Handbook* explains how to contact CMS.

Community-Based Adult Services (CBAS): Outpatient, facility-based service program that delivers skilled nursing care, social services, occupational and speech therapies,



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

personal care, family/caregiver training and support, nutrition services, transportation, and other services to eligible members who meet applicable eligibility criteria.

Complaint: A written or spoken statement saying that you have a problem or concern about your covered services or care. This includes any concerns about the quality of service, quality of your care, our network providers, or our network pharmacies. The formal name for “making a complaint” is “filing a grievance.”

Comprehensive outpatient rehabilitation facility (CORF): A facility that mainly provides rehabilitation services after an illness, accident, or major operation. It provides a variety of services, including physical therapy, social or psychological services, respiratory therapy, occupational therapy, speech therapy, and home environment evaluation services.

Coverage decision: A decision about what benefits we cover. This includes decisions about covered drugs and services or the amount we pay for your health services.

Chapter 9 of your *Member Handbook* explains how to ask us for a coverage decision.

Covered drugs: The term we use to mean all of the prescription and over-the-counter (OTC) drugs covered by our plan.

Covered services: The general term we use to mean all of the health care, long-term services and supports, supplies, prescription and over-the-counter drugs, equipment, and other services our plan covers.

Cultural competence training: Training that provides additional instruction for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.

Customer Service: A department in our plan responsible for answering your questions about membership, benefits, grievances, and appeals. Refer to **Chapter 2** of your *Member Handbook* for more information about Customer Service.

Department of Health Care Services (DHCS): The state department in California that administers the Medicaid Program (known as Medi-Cal).

Department of Managed Health Care (DMHC): The state department in California responsible for regulating health plans. DMHC helps people with appeals and complaints about Medi-Cal services. DMHC also conducts Independent Medical Reviews (IMR).

Disenrollment: The process of ending your membership in our plan. Disenrollment may be voluntary (your own choice) or involuntary (not your own choice).

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Dual eligible special needs plan (D-SNP): Health plan that serves individuals who are eligible for both Medicare and Medi-Cal. Our plan is a D-SNP.

Durable medical equipment (DME): Certain items your doctor orders for use in your own home. Examples of these items are wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment and supplies, nebulizers, and walkers.

Emergency: A medical emergency when you, or any other person with an average knowledge of health and medicine, believe that you have medical symptoms that need immediate medical attention to prevent death, loss of a body part, or loss of or serious impairment to a bodily function. The medical symptoms may be a serious injury or severe pain.

Emergency care: Covered services given by a provider trained to give emergency services and needed to treat a medical or behavioral health emergency.

Exception: Permission to get coverage for a drug not normally covered or to use the drug without certain rules and limitations.

Extra Help: Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

Generic drug: A prescription drug approved by the federal government to use in place of a brand name drug. A generic drug has the same ingredients as a brand name drug. It’s usually cheaper and works just as well as the brand name drug.

Grievance: A complaint you make about us or one of our network providers or pharmacies. This includes a complaint about the quality of your care or the quality of service provided by your health plan.

Health Insurance Counseling and Advocacy Program (HICAP): A program that provides free and objective information and counseling about Medicare. **Chapter 2** of your *Member Handbook* explains how to contact HICAP.

Health plan: An organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. All of them work together to provide the care you need.

Health risk assessment: A review of your medical history and current condition. It’s used to learn about your health and how it might change in the future.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Home health aide: A person who provides services that don't need the skills of a licensed nurse or therapist, such as help with personal care (like bathing, using the toilet, dressing, or carrying out the prescribed exercises). Home health aides don't have a nursing license or provide therapy.

Hospice: A program of care and support to help people who have a terminal prognosis live comfortably. A terminal prognosis means that a person has a terminal illness and is expected to have six months or less to live.

- An enrollee who has a terminal prognosis has the right to elect hospice.
- A specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social, and spiritual needs.
- We are required to give you a list of hospice providers in your geographic area.

Improper/inappropriate billing: A situation when a provider (such as a doctor or hospital) bills you more than our cost sharing amount for services. Call Customer Service if you get any bills you don't understand.

Because we pay the entire cost for your services, you do not owe any cost sharing. Providers should not bill you anything for these services.

Independent Medical Review (IMR): If we deny your request for medical services or treatment, you can make an appeal. If you disagree with our decision and your problem is about a Medi-Cal service, including DME supplies and drugs, you can ask the California Department of Managed Health Care for an IMR. An IMR is a review of your case by doctors who are not part of our plan. If the IMR decision is in your favor, we must give you the service or treatment you asked for. You pay no costs for an IMR.

Individualized Care Plan (ICP or Care Plan): A plan for what services you will get and how you will get them. Your plan may include medical services, behavioral health services, and long-term services and supports.

Inpatient: A term used when you are formally admitted to the hospital for skilled medical services. If you're not formally admitted, you may still be considered an outpatient instead of an inpatient even if you stay overnight.

Interdisciplinary Care Team (ICT or Care team): A care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need. Your care team also helps you make a care plan.

List of Covered Drugs (Drug List): A list of prescription and over-the-counter (OTC) drugs we cover. We choose the drugs on this list with the help of doctors and pharmacists. The Drug List tells you if there are any rules you need to follow to get your drugs. The Drug List is sometimes called a "formulary."

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Long-term services and supports (LTSS): Long-term services and supports help improve a long-term medical condition. Most of these services help you stay in your home so you don't have to go to a nursing home or hospital. LTSS include Community Based Adult Services (CBAS) and Nursing Facilities (NF).

Low-income subsidy (LIS): Refer to "Extra Help."

Mail Order Program: Some plans may offer a mail-order program that allows you to get up to a 3-month supply of your covered prescription drugs sent directly to your home. This may be a cost-effective and convenient way to fill prescriptions you take regularly.

Medi-Cal: This is the name of California's Medicaid program. Medi-Cal is run by the state and is paid for by the state and the federal government.

- It helps people with limited incomes and resources pay for long-term services and supports and medical costs.
- It covers extra services and some drugs not covered by Medicare.
- Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.
- Refer to **Chapter 2** of your *Member Handbook* for information about how to contact Medi-Cal.

Medi-Cal plans: Plans that cover only Medi-Cal benefits, such as long-term services and supports, medical equipment, and transportation. Medicare benefits are separate.

Medically necessary: This describes services, supplies, or drugs you need to prevent, diagnose, or treat a medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies, or drugs meet accepted standards of medical practice.

Medicare: The federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (generally those with permanent kidney failure who need dialysis or a kidney transplant). People with Medicare can get their Medicare health coverage through Original Medicare or a managed care plan (refer to "Health plan").

Medicare Advantage: A Medicare program, also known as "Medicare Part C" or "MA," that offers MA plans through private companies. Medicare pays these companies to cover your Medicare benefits.

Medicare-covered services: Services covered by Medicare Part A and Part B. All Medicare health plans, including our plan, must cover all of the services covered by Medicare Part A and Part B.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information,** visit www.scfhp.com/dualconnect.

Medicare-Medi-Cal enrollee: A person who qualifies for Medicare and Medi-Cal coverage. A Medicare-Medi-Cal enrollee is also called a “dually eligible individual.”

Medicare Part A: The Medicare program that covers most medically necessary hospital, skilled nursing facility, home health, and hospice care.

Medicare Part B: The Medicare program that covers services (such as lab tests, surgeries, and doctor visits) and supplies (such as wheelchairs and walkers) that are medically necessary to treat a disease or condition. Medicare Part B also covers many preventive and screening services.

Medicare Part C: The Medicare program, also known as “Medicare Advantage” or “MA” that lets private health insurance companies provide Medicare benefits through a Medicare Advantage Plan.

Medicare Part D: The Medicare prescription drug benefit program. We call this program “Part D” for short. Part D covers outpatient prescription drugs, vaccines, and some supplies not covered by Medicare Part A or Part B or Medi-Cal. Our plan includes Medicare Part D.

Medicare Part D drugs: Drugs covered under Medicare Part D. Congress specifically excludes certain categories of drugs from coverage under Part D. Medi-Cal may cover some of these drugs.

Medication Therapy Management: A distinct group of service or group of services provided by health care providers, including pharmacists, to ensure the best therapeutic outcomes for patients. Refer to Chapter 5 of your Member Handbook for more information.

Member (member of our plan, or plan member): A person with Medicare and Medi-Cal who qualifies to get covered services, who has enrolled in our plan, and whose enrollment has been confirmed by the Centers for Medicare & Medicaid Services (CMS) and the state.

Member Handbook and Disclosure Information: This document, along with your enrollment form and any other attachments, or riders, which explain your coverage, what we must do, your rights, and what you must do as a member of our plan.

Network pharmacy: A pharmacy (drug store) that agreed to fill prescriptions for our plan members. We call them “network pharmacies” because they agreed to work with our plan. In most cases, we cover your prescriptions only when filled at one of our network pharmacies.

Network provider: “Provider” is the general term we use for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



agencies, clinics, and other places that give you health care services, medical equipment, and long-term services and supports.

- They are licensed or certified by Medicare and by the state to provide health care services.
- We call them “network providers” when they agree to work with our health plan, accept our payment, and do not charge members an extra amount.
- While you’re a member of our plan, you must use network providers to get covered services. Network providers are also called “plan providers.”

Nursing home or facility: A place that provides care for people who can’t get their care at home but don’t need to be in the hospital.

Ombudsman: An office in your state that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The ombudsman’s services are free. You can find more information in **Chapter 2** and **Chapter 9** of your *Member Handbook*.

Organization determination: Our plan makes an organization determination when we, or one of our providers, make a decision about whether services are covered or how much you pay for covered services. Organization determinations are called “coverage decisions.” **Chapter 9** of your *Member Handbook* explains coverage decisions.

Original Medicare (traditional Medicare or fee-for-service Medicare): The government offers Original Medicare. Under Original Medicare, services are covered by paying doctors, hospitals, and other health care providers amounts that Congress determines.

- You can use any doctor, hospital, or other health care provider that accepts Medicare. Original Medicare has two parts: Part A (hospital insurance) and Part B (medical insurance).
- Original Medicare is available everywhere in the United States.
- If you don’t want to be in our plan, you can choose Original Medicare.

Out-of-network pharmacy: A pharmacy that has not agreed to work with our plan to coordinate or provide covered drugs to members of our plan. Our plan doesn’t cover most drugs you get from out-of-network pharmacies unless certain conditions apply.

Out-of-network provider or Out-of-network facility: A provider or facility that is not employed, owned, or operated by our plan and is not under contract to provide covered services to members of our plan. Chapter 3 of your *Member Handbook* explains out-of-network providers or facilities.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Over-the-counter (OTC) drugs: Over-the-counter drugs are drugs or medicines that a person can buy without a prescription from a health care professional.

Part A: Refer to “Medicare Part A.”

Part B: Refer to “Medicare Part B.”

Part C: Refer to “Medicare Part C.”

Part D: Refer to “Medicare Part D.”

Part D drugs: Refer to “Medicare Part D drugs.”

Personal health information (also called Protected health information) (PHI):

Information about you and your health, such as your name, address, social security number, physician visits, and medical history. Refer to our Notice of Privacy Practices for more information about how we protect, use, and disclose your PHI, as well as your rights with respect to your PHI.

Primary care provider (PCP): The doctor or other provider you use first for most health problems. They make sure you get the care you need to stay healthy.

- They also may talk with other doctors and health care providers about your care and refer you to them.
- In many Medicare health plans, you must use your primary care provider before you use any other health care provider.
- Refer to **Chapter 3** of your *Member Handbook* for information about getting care from primary care providers.

Prior authorization: An approval you must get from us before you can get a specific service or drug or use an out-of-network provider. Our plan may not cover the service or drug if you don’t get approval first.

Our plan covers some network medical services only if your doctor or other network provider gets prior authorization from us.

- Covered services that need our plan’s prior authorization are marked in **Chapter 4** of your *Member Handbook*.

Our plan covers some drugs only if you get prior authorization from us.

- Covered drugs that need our plan’s prior authorization are marked in the *List of Covered Drugs*.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



Program for All-Inclusive Care for the Elderly (PACE): A program that covers Medicare and Medi-Cal benefits together for people age 55 and older who need a higher level of care to live at home.

Prosthetics and Orthotics: Medical devices ordered by your doctor or other health care provider that include, but are not limited to, arm, back, and neck braces; artificial limbs; artificial eyes; and devices needed to replace an internal body part or function, including ostomy supplies and enteral and parenteral nutrition therapy.

Quality improvement organization (QIO): A group of doctors and other health care experts who help improve the quality of care for people with Medicare. The federal government pays the QIO to check and improve the care given to patients. Refer to **Chapter 2** of your *Member Handbook* for information about the QIO.

Quantity limits: A limit on the amount of a drug you can have. We may limit the amount of the drug that we cover per prescription.

Referral: A referral is your primary care provider's (PCP's) approval to use a provider other than your PCP. If you don't get approval first, we may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. You can find more information about referrals in **Chapter 3** and **Chapter 4** of your *Member Handbook*.

Rehabilitation services: Treatment you get to help you recover from an illness, accident or major operation. Refer to **Chapter 4** of your *Member Handbook* to learn more about rehabilitation services.

Sensitive services: Services related to mental or behavioral health, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder, gender affirming care and intimate partner violence.

Service area: A geographic area where a health plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's generally the area where you can get routine (non-emergency) services. Only people who live in our service area can get our plan.

Share of cost: The portion of your health care costs that you may have to pay each month before your benefits become effective. The amount of your share of cost varies depending on your income and resources.

Skilled nursing facility (SNF): A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.



If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.

Skilled nursing facility (SNF) care: Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous (IV) injections that a registered nurse or a doctor can give.

Specialist: A doctor who provides health care for a specific disease or part of the body.

Specialized pharmacy: Refer to **Chapter 5** of your *Member Handbook* to learn more about specialized pharmacies.

State Hearing: If your doctor or other provider asks for a Medi-Cal service that we won't approve, or we won't continue to pay for a Medi-Cal service you already have, you can ask for a State Hearing. If the State Hearing is decided in your favor, we must give you the service you asked for.

Step therapy: A coverage rule that requires you to try another drug before we cover the drug you ask for.

Supplemental Security Income (SSI): A monthly benefit Social Security pays to people with limited incomes and resources who are disabled, blind, or age 65 and older. SSI benefits are not the same as Social Security benefits. SSI automatically provides Medi-Cal coverage.

Urgent care: Care you get for a sudden illness, injury, or condition that is not an emergency but needs care right away. You can get urgently needed care from out-of-network providers when network providers are unavailable or you cannot get to them.

If you have questions, please call SCFHP DualConnect at 1-877-723-4795 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.scfhp.com/dualconnect.



THIS PAGE INTENTIONALLY LEFT BLANK

