

Compassionate Care,
Accessible to All,
for a Healthy Community.



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

2024 MEMBER HANDBOOK

What you need to know
about your benefits

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages at no cost. We provide written translations from qualified translators. Call the Member Services Department at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m.(except holidays). If you use a TTY/TDD, call **711**. The call is free. Read this Member Handbook to learn about health care language assistance services such as interpreter and translation services.

Other formats

You can get this information in other formats such as braille, 20-point font, large print, audio, and accessible electronic formats at no cost. If you use a TTY, call **711**. The call is toll-free.

Interpreter services

GCHP provides oral interpretation services from a qualified interpreter on a 24-hour basis at no cost. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are free to you. Help is available 24 hours a day, seven days a week. For language help or to get this handbook in a different language, call **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m.(except holidays) (TTY/TDD **711**). The call is toll-free.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

English Tagline

ATTENTION: If you need help in your language, call **1-888-301-1228** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-301-1228** (TTY: **711**). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-888-301-1228** (TTY: **711**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-888-301-1228** (TTY: **711**). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գանգահարեք **1-888-301-1228** (TTY: **711**) Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-888-301-1228** (TTY: **711**) : Այդ ծառայություններն անվճար են:



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

简体中文标语 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-888-301-1228 (TTY: 711)**。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 **1-888-301-1228 (TTY: 711)**。这些服务都是免费的。

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-888-301-1228 (TTY: 711)**। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-888-301-1228 (TTY: 711)**। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-888-301-1228 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-301-1228 (TTY: 711)** पर कॉल करें। ये सेवाएं निः शुल्क हैं।



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

Nqe Lus Hmoob Cob (Hmong) CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-888-301-1228** (TTY: **711**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-888-301-1228** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-888-301-1228** (TTY: **711**)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-888-301-1228** (TTY: **711**)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-888-301-1228** (TTY: **711**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-888-301-1228** (TTY: **711**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາ ວາບີ **1-888-301-1228** (TTY: **711**).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາວາບີ **1-888-301-1228** (TTY: **711**).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-888-301-1228** (TTY: **711**).

Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-888-301-1228** (TTY: **711**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ប្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-888-301-1228** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ

ដូចជា ឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។

ទូរស័ព្ទមកលេខ **1-888-301-1228** (TTY: **711**)។

សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با
1-888-301-1228 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات
 مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف
 بزرگ، نیز موجود است. با **1-888-301-1228 (TTY: 711)** تماس
 بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем
 родном языке, звоните по номеру **1-888-301-1228**
 (линия TTY: **711**). Также предоставляются средства и
 услуги для людей с ограниченными возможностями,
 например документы крупным шрифтом или
 шрифтом Брайля. Звоните по номеру **1-888-301-1228**
 (линия TTY: **711**). Такие услуги предоставляются
 бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1-888-301-1228 (TTY: 711)**. También ofrecemos
 asistencia y servicios para personas con
 discapacidades, como documentos en braille y con
 letras grandes. Llame al **1-888-301-1228 (TTY: 711)**.
 Estos servicios son gratuitos.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays).
 If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-301-1228** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-301-1228** (TTY: **711**). Libre ang mga serbisyonang ito.

เท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-301-1228** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-301-1228** (TTY: **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-301-1228** (TTY: **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-888-301-1228** (TTY: **711**). Ці послуги безкоштовні.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-888-301-1228** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-888-301-1228** (TTY: **711**). Các dịch vụ này đều miễn phí.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Welcome to Gold Coast Health Plan!

Thank you for joining Gold Coast Health Plan (GCHP). GCHP is a health plan for people who have Medi-Cal. GCHP works with the State of California to help you get the health care you need.

Member Handbook

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

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of GCHP rules and policies and is based on the contract between GCHP and the Department of Health Care Services (DHCS). For information, call GCHP at **1-888-301-1228 (TTY 711)**.

In this Member Handbook, GCHP is sometimes called “we” or “us.” Members are sometimes called “you.” Some capitalized words have special meanings in this Member Handbook.

To ask for a copy of the contract between GCHP and DHCS, call **1-888-301-1228 (TTY 711)**. You may ask for another copy of the Member Handbook at no cost. You can also find the Member Handbook on the GCHP website at www.goldcoasthealthplan.org. You can also ask for a free copy of the GCHP non-proprietary clinical and administrative policies and procedures. They are also on the GCHP website.

Contact us

GCHP is here to help. If you have questions, call **1-888-301-1228 (TTY 711)**. GCHP is here Monday through Friday, from 8 a.m. to 5 p.m. (except holidays). The call is free. You can also visit online at any time at www.goldcoasthealthplan.org.

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

1. Getting started as a member

How to get help

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

Member Services

GCHP member services is here to help you. GCHP can:

- Answer questions about your health plan and GCHP covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats
- Help you get health education materials
- Help you get a new ID card

If you need help, call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is free. GCHP must make sure you wait less than 10 minutes when calling.

You can also visit online at any time at www.goldcoasthealthplan.org.

Who can become a member

Every state may have a Medicaid program. In California, Medicaid is called Medi-Cal. You qualify for GCHP because you qualify for Medi-Cal and live in Ventura County. You can ask questions about qualifying for Medi-Cal at your local county Human Services Agency (HSA) office. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx. The Ventura County Human Services Agency (HSA) can be reached at **1-888-472-4463**. If you use a TTY, call **1-800-735-2922**. You may also qualify for Medi-Cal through Social Security because you receive SSI/SSP.

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

For questions about Social Security, call the Social Security Administration at **1-800-772-1213**. If you use a TTY, call **1-800-325-0778**. Or go to www.ssa.gov/locator.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Transitional Medi-Cal

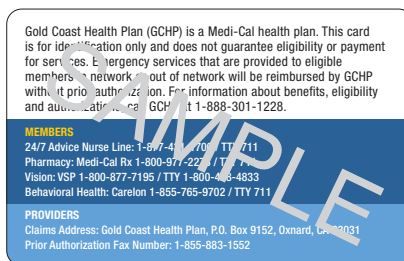
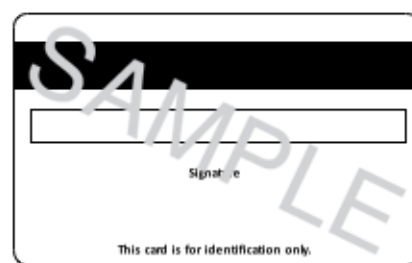
Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get Transitional Medi-Cal if you stop getting Medi-Cal because:

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

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx or call Health Care Options at **1-800-430-4263 (TTY 711)**.

Identification (ID) cards

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



If you do not get your GCHP ID card within a few weeks after your enrollment date, or if your card is damaged, lost, or stolen, call Member Services right away. GCHP will send you a new card at no cost. Call **1-888-301-1228 (TTY 711)**.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

2. About your health plan

Health plan overview

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

Talk with one of the GCHP Member Services representatives to learn more about the health plan and how to make it work for you. Call **1-888-301-1228** (TTY **711**).

When your coverage starts and ends

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

During your first month as a GCHP member, you may receive a welcome letter from GCHP along with a list of GCHP providers. This list is called a Provider Directory. If you receive a Provider Directory, you must choose a clinic or doctor from the directory as your primary care provider (PCP). Next, you should notify GCHP Member Services of your choice. You can notify GCHP by calling Member Services at **1-888-301-1228**. If you use a TTY/TDD, call **711**. You can also return your completed PCP Selection Form to GCHP. Members who do not choose a PCP (doctor or clinic) after 30 days will be assigned to one by GCHP.

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

They are called Administrative members. The following are considered Administrative members:

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

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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

GCHP is the health plan for Medi-Cal members in Ventura County. Find your local office at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

GCHP eligibility may end if any of the following is true:

- You move out of Ventura County.
- You no longer have Medi-Cal.
- You are in jail or prison.

If you lose your GCHP Medi-Cal coverage, you may still qualify for Fee-for-Service (FFS) Medi-Cal coverage. If you are unsure if GCHP still covers you, please call **1-888-301-1228 (TTY 711)**.

Special considerations for American Indians in managed care

If you are an American Indian, you have the right to get health care services at an Indian Health Care Provider (IHCP). You can also stay with or disenroll (drop) from GCHP while getting health care services from these locations. For information on enrollment and redetermination, call Ventura County Human Services Agency (HSA) at **1-888-472-4463 (TTY 1-800-735-2922)**. You can also call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.

GCHP must provide care coordination for you, including out-of-network case management. If you ask for services from an IHCP and there is no available in-network IHCP, GCHP must help you find an out-of-network IHCP. To learn more, read “Provider Network” in Chapter 3 of this handbook.

How your plan works

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

Member Services will tell you how GCHP works, how to get the care you need, how to schedule provider appointments during office hours, how to request no-cost interpreting and translation services or written information in alternative formats, and how to find out if you qualify for transportation services.

To learn more, call **1-888-301-1228 (TTY 711)**. You can also find member service information online at www.goldcoasthealthplan.org.

Students who move to a new county or out of California

You can get emergency and urgent care anywhere in the United States, including the U.S. Territories. Routine and preventive care are covered only in Ventura County. Suppose you are a student who moves to a new county in California to attend higher education, including college. GCHP will cover emergency room and urgent care



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

services in your new county. You can also get routine or preventive care in your new county, but you must notify GCHP. Read more below.

If you are enrolled in Medi-Cal and are a student in a different county from the California county where you live, you do not need to apply for Medi-Cal in that county.

If you temporarily move away from home to be a student in another county in California, you have two choices. You can:

- Tell your eligibility worker at the local county social services office that you are temporarily moving to attend a school for higher education and give them your address in the new county. The county will update the case records with your new address and county code. You must do this to keep getting routine or preventive care while living in a new county. If GCHP does not serve the county where you will attend college, you might have to change health plans. For questions and to prevent delay in joining the new health plan, call Health Care Options at **1-800-430-4263 (TTY 711)**.

OR

- If GCHP does not serve the new county where you attend college, and you do not change your health plan to one that serves that county, you will only get emergency room and urgent care services for some conditions in the new county. To learn more, read Chapter 3, “How to get care.” For routine or preventive health care, you would need to use the GCHP regular network of providers located in the head of the household’s county of residence.

If you temporarily leave California to be a student in another state and want to keep your Medi-Cal coverage, contact your eligibility worker at your local county social services office. As long as you qualify, Medi-Cal will cover emergency services and urgent care in another state. If GCHP approves the service and the doctor and hospital meet Medi-Cal rules. In that case, Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico.

Routine and preventive care services, including prescription drugs, are not covered when you are outside of California. You will not qualify for Medi-Cal. GCHP will not pay for your health care. If you want Medicaid in another state, you will need to apply in that state. Medi-Cal does not cover emergency, urgent, or any other health care services outside of the United States, except for Canada and Mexico, as noted in Chapter 3.

Continuity of care

Continuity of care for an out-of-network provider

As a member of GCHP, you will get your health care from providers in GCHP’s network. To find out if a health care provider is in the GCHP network, please see the [Provider Directory](#) located on the GCHP website at www.goldcoasthealthplan.org. Providers not listed in the directory may not be in the GCHP network.

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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

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

For more information, call member services at **1-888-301-1228 (TTY 711)**.

If your providers do not join the GCHP network by the end of 12 months, do not agree to GCHP payment rates, or do not meet quality of care requirements, you will need to change to providers in the GCHP network. Call member services at **1-888-301-1228 (TTY 711)** to discuss your choices.

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

To learn more about continuity of care **and if you qualify**, call GCHP Member Services at **1-888-301-1228 (TTY 711)**.

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

As a member of GCHP, you will get covered services from providers in GCHP's network. If you were being treated for certain health conditions at the time you enrolled with GCHP or at the time your provider GCHP's network. In that case, you may still be able to get Medi-Cal services from an out-of-network provider.

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

Health condition	Time period
Acute conditions (a medical issue that needs fast attention)	For as long as your acute condition lasts
Serious chronic physical and behavioral conditions (a serious health care issue you have had for a long time)	For the amount of time required to finish your course of treatment and to safely move you to a new doctor in the GCHP network
Pregnancy and postpartum (after birth) care	During your pregnancy and up to 12 months after the end of pregnancy
Maternal mental health services	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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

For other conditions that may qualify, contact GCHP Member Services at **1-888-301-1228 (TTY 711)**.

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

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider no longer in GCHP's network, call Member Services at **1-888-301-1228 (TTY 711)**.

GCHP is not required to provide continuity of care for services Medi-Cal does not cover or that are covered under Medi-Cal's contract with DHCS. To learn more about continuity of care, eligibility, and available services, call **1-888-301-1228 (TTY 711)**.

Costs

Member costs

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

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

If you are enrolled in the California Children's Health Insurance Program (CCHIP) in Santa Clara, San Francisco, or San Mateo counties or are enrolled in Medi-Cal for Families, you might have a monthly premium and co-pays.

Except for emergency, urgent care, or sensitive care, you must get pre-approval (prior authorization) from GCHP before you visit a provider outside the GCHP network; if you do not get pre-approval (prior authorization) and go to a provider outside the network for care that is not emergency care, urgent care, or sensitive care. In that case,



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

you might have to pay for the care you got from that provider. Read Chapter 4, “Benefits and services,” in this handbook for a list of covered services. You can also find the Provider Directory on the GCHP website at www.goldcoasthealthplan.org.

For members with long-term care and a share of cost

You might have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income and resources. Each month, you will pay your health care bills, including but not limited to Long-Term Support Service (LTSS), until the amount you have paid equals your share of cost. After that, GCHP will cover your long-term care for that month. GCHP will not cover you until you have paid your entire long-term care share of cost for the month.

How a provider gets paid

GCHP pays providers in these ways:

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

To learn more about how GCHP pays providers, call **1-888-301-1228 (TTY 711)**.

Newborn and Infant Enrollment

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

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

If you receive a bill from a health care provider

Covered services are health care services that GCHP must pay for. If you get a bill for support services fees, copayments, or registration fees for a covered service, do not pay the bill. Call Member Services right away at **1-888-301-1228 (TTY 711)**.

If you get a bill from a pharmacy for a prescription drug, supplies, or supplements, call Medi-Cal Rx Customer Service at **1-800-977-2273**, 24 hours a day, 7 days a week. TTY users can call **711**, Monday through Friday, 8 a.m. to 5 p.m. You can also go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Asking GCHP to pay you back for expenses

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

- The service you got is a covered service that GCHP is responsible for paying. GCHP will not reimburse you for a service that GCHP does not cover.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

- You got the covered service after you became an eligible GCHP member.
- You ask to be paid back within one year from the date you got the covered service.
- You show proof that you paid for the covered service, such as a detailed receipt from the provider.
- You got the covered service from a Medi-Cal enrolled provider in GCHP's network. You do not need to meet this condition if you got emergency care, family planning services, or another service Medi-Cal allows out-of-network providers to perform without pre-approval (prior authorization).
- If the covered service normally requires pre-approval (prior authorization), you need to give proof from the provider that shows a medical need for the covered service.
- If you have other health insurance (primary insurance), out-of-network providers must be willing to bill GCHP as the secondary payer and accept Medi-Cal rates.
- If services were rendered in Mexico or Canada and services meet the criteria for reimbursement, GCHP will only reimburse up to Medi-Cal allowable rates. This amount may not be the full amount you paid out-of-pocket.

GCHP will tell you if they will reimburse you with a Notice of Action (NOA) letter. If you meet all the above conditions, the Medi-Cal-enrolled provider should pay you back for the full amount you paid. If the provider refuses to pay you back, GCHP will pay you back for the full amount you paid. We must reimburse you within 45 working days of receipt of the claim.

If the provider is enrolled in Medi-Cal but is not in the GCHP network and refuses to pay you back, GCHP will pay you back, but only up to the amount that FFS Medi-Cal would pay. GCHP will pay you back for the full out-of-pocket amount for emergency services, family planning services, or another service that Medi-Cal allows to be provided by out-of-network providers without pre-approval (prior authorization). If you do not meet one of the above conditions, GCHP will not pay you back.

GCHP will not pay you back if:

- You asked for and got services not covered by Medi-Cal, such as cosmetic services.
- The service is not a covered service for GCHP.
- You have an unmet Medi-Cal share of cost.
- You went to a doctor who does not take Medi-Cal, and you signed a form that said you want to be seen anyway and you will pay for the services yourself.
- You have Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

3. How to get care

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

Getting health care services

Read this chapter to learn about finding health care providers.

You can start getting health care services on your enrollment date in GCHP. Always carry your GCHP Identification (ID) card, Medi-Cal Benefits Identification Card (BIC), and other health insurance cards. Never let anyone else use your BIC or GCHP ID card.

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

The GCHP network is a group of doctors, hospitals, and other providers who work with GCHP. You must choose a PCP within 30 days from the time you become a member of GCHP. If you do not choose a PCP, GCHP will choose one for you.

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

If you have a doctor, you want to keep, or you want to find a new PCP, go to the Provider Directory for a list of all PCPs and other providers in the GCHP network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-888-301-1228 (TTY 711). You can also find the Provider Directory on the GCHP website at www.goldcoasthealthplan.org.

If you cannot get the care you need from a participating provider in the GCHP network, your PCP or specialist in GCHP's network must ask GCHP for approval to send you to an out-of-network provider. This is called a referral. You do not need a referral to an out-of-network provider to get sensitive care services listed under the heading "Sensitive care" later in this chapter.

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

**The Medi-Cal Rx program administers outpatient prescription drug coverage.
Read "Other Medi-Cal programs and services" in Chapter 4 to learn more.**



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Primary care provider (PCP)

Your primary care provider (PCP) is the licensed provider you go to for most of your health care. Your PCP also helps you get other types of care you need. You must choose a PCP within 30 days of enrolling in GCHP. Depending on your age and sex, you can choose a general practitioner, family practitioner, or pediatrician as your PCP.

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

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

NOTE: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the GCHP network. If you do not choose a PCP within 30 days of enrollment, GCHP will assign you to a PCP. If you are assigned to a PCP and want to change, call **1-888-301-1228 (TTY 711)**. The change happens on the first day of the next month.

Your PCP will:

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

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

You can find the GCHP Provider Directory online at www.goldcoasthealthplan.org. Or you can request a Provider Directory to be mailed to you by calling **1-888-301-1228 (TTY 711)**. You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

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

Your new choice will become your PCP on the first day of the next month after you make the change. To change your PCP, call **1-888-301-1228 (TTY 711)**.

GCHP can change your PCP if the PCP is not taking new patients, has left the GCHP network, does not give care to patients your age, or if there are quality concerns with the PCP that are not resolved. GCHP or your PCP might also ask you to change to a new PCP if you cannot get along with or agree with your PCP. If GCHP needs to change your PCP, GCHP will tell you in writing.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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

Some things to think about when picking a PCP:

- Does the PCP take care of children?
- Does the PCP work at a clinic I like to use?
- Is the PCP's office close to my home, work, or my children's school?
- Is the PCP's office near where I live, and is it easy to get to the PCP's office?
- Do the doctors and staff speak my language?
- Does the PCP work with a hospital I like?
- Does the PCP provide the services I need?
- Do the PCP's office hours fit my schedule?
- Does the PCP work with the specialists I use?

Initial health assessment (IHA)

GCHP recommends that, as a new member, you visit your new PCP within 120 days for an Initial Health Appointment (IHA). IHA aim is to help your PCP learn your health care history and needs. Your PCP might ask questions about your health history or ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that can help you.

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

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

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

If you have questions about IHA, call **1-888-301-1228** (TTY **711**).

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups, health education, and counseling.

GCHP recommends that children, especially, get routine and preventive care. GCHP members can get all the preventive services recommended by the American Academy of Pediatrics and the Centers for Medicare and Medicaid Services. These screenings include hearing and vision screening, which can help ensure healthy development and learning. For a list of pediatrician-recommended services, read the "Bright Futures" guidelines from the American Academy of Pediatrics at (https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Your PCP will:

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

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

To learn more about health care and services your plan covers and what it does not cover, read Chapter 4, “Benefits and services” and Chapter 5, “Child and youth well care” in this handbook.

All GCHP providers can use aids and services to communicate with people with disabilities. They can also communicate with you in another language or format. Tell your provider or GCHP what you need.

Provider network

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

GCHP is a managed care health plan. You must get most of your covered services through in-network providers. You can go to an out-of-network provider without a referral or pre-approval for emergency care or family planning services. You can also go to an out-of-network provider for out-of-area urgent care when you are in an area we do not serve. You must have a referral or pre-approval for all other out-of-network services, or they will not be covered.

NOTE: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the GCHP network.

If your PCP, hospital, or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call **1-888-301-1228 (TTY 711)**. Read “Moral objection” later in this chapter for more about moral objections.

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

In-network providers

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

To get a Provider Directory of in-network providers, call **1-888-301-1228 (TTY 711)**. You can also find the Provider Directory online at www.goldcoasthealthplan.org. To get a copy of the Contract Drugs List, call Medi-



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press **7** or **711**). Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

You must get pre-approval (prior authorization) from GCHP before you go to a provider outside the GCHP network, including inside the GCHP service area, except in these cases:

- If you need emergency care, call 911 or go to the nearest hospital.
- If you are outside the GCHP service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).
- If you need mental health services, go to an in-network or county mental health plan provider, without pre-approval (prior authorization).

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

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

Out-of-network providers are health care providers that do not have an agreement to work with GCHP. Except for emergency care, you might have to pay for any care you get from out-of-network providers if you need medically necessary health care services that are not available in the network. In that case, you might get them from an out-of-network provider at no cost.

GCHP may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

For urgent care inside the GCHP service area, you must go to a GCHP in-network urgent care provider. You do not need pre-approval (prior authorization) to get urgent care from an in-network provider. You do need to get pre-approval (prior authorization) to get urgent care from an out-of-network provider inside the GCHP service area. If you get urgent care from an out-of-network provider inside the GCHP service area, you might have to pay for that care. In this chapter, you can read more about emergency, urgent care, and sensitive care.

NOTE: If you are an American Indian, you can get care at an IHCP outside our provider network without a referral. An out-of-network IHCP can also refer American Indian members to an in-network provider without requiring a referral from an in-network PCP.

If you need help with out-of-network services, call **1-888-301-1228** (TTY **711**).

Outside the service area

If you are outside of the GCHP service area and need care that is not an emergency or urgent, call your PCP right away. Or call **1-888-301-1228** (TTY **711**).

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

If you paid for emergency care requiring hospitalization in Canada or Mexico, you can ask GCHP to pay you back. GCHP will review your request.

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

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

If you are outside of California and have an emergency need to fill outpatient prescription drugs, have the pharmacy call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press **7** or **711**).

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

California Children's Services (CCS)

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases, or chronic health problems and meets the CCS program rules. If you need health care services for a CCS eligible medical condition and GCHP does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside the provider network at no cost. To learn more about the CCS program, read Chapter 4, "Benefits and services" in this handbook.

If you have questions about out-of-network or out-of-service-area care, call **1-888-301-1228** (TTY **711**). If the office is closed and you want help from a representative, call the 24/7 Advice Nurse Line at **1-805-437-5001** or toll-free at **1-877-431-1700**. If you use a TTY, call **711**.

If you need urgent care out of the GCHP service area, go to the nearest urgent care facility. If you travel outside the United States and need urgent care, GCHP will not cover your care. For more information on urgent care, read "Urgent care" later in this chapter.

Delegated Model Gold Coast Health Plan

How managed care works

GCHP is a managed care plan. GCHP provides care to members who live or work in Ventura County. In managed care, your PCP, specialists, clinic, hospital, and other providers work together to care for you.

GCHP contracts with medical groups to provide care to GCHP members. A medical group is made up of doctors who are PCPs and specialists. The medical group works with other providers, such as laboratories and durable medical equipment suppliers. The medical group is also connected with a hospital. Check your GCHP ID card for the name of your PCP.

When you join GCHP, you choose or are assigned to a PCP. Your PCP is part of a medical group. Your PCP and medical group direct the care for your medical needs. Your PCP may refer you to specialists or order lab tests



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

and X-rays. If you need services that require pre-approval (prior authorization), GCHP or your medical group will review the pre-approval (prior authorization) and decide whether to approve the service.

In most cases, you must go to specialists and other health professionals who work with the same medical group as your PCP. You must also get care from the hospital connected with your medical group, except for emergencies.

Sometimes, you might need a service that is not available from a provider in the medical group. In that case, your PCP will refer you to a provider in another medical group or outside the network. Your PCP will ask for pre-approval (prior authorization) for you to go to this provider.

In most cases, you must have prior authorization from GCHP before you can go to an out-of-network provider or a provider not part of your medical group. You do not need pre-approval (prior authorization) for emergency services, family planning services, or in-network mental health services.

Members who have both Medicare and Medi-Cal

Members with Medicare and Medi-Cal should have access to providers who are part of their Medicare coverage and providers included in the Medi-Cal plan coverage. Refer to your Medicare Advantage EOC as applicable.

Members who have both Medicare and Medi-Cal should refer to the Medicare Advantage EOC and the Medicare Advantage Provider Directory as applicable.

Doctors

You will choose a doctor from the GCHP Provider Directory as your PCP. The doctor you choose must be an in-network provider. To get a copy of the GCHP Provider Directory, call **1-888-301-1228 (TTY 711)**. Or find it online at www.goldcoasthealthplan.org.

If you are choosing a new PCP, you should also call the PCP you want to make sure they are taking new patients. If you had a doctor before you were a member of GCHP, and that doctor is not part of the GCHP network, you might be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call **1-888-301-1228 (TTY 711)**.

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

Remember, if you do not choose a PCP, GCHP will choose one for you unless you have other comprehensive health coverage in addition to Medi-Cal or if you are an Administrative member. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal or have other health care insurance, you do not have to choose a PCP from GCHP.

If you want to change your PCP, you must choose a PCP from the GCHP Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call **1-888-301-1228 (TTY 711)**.

Hospitals

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital that your PCP uses and is in the GCHP provider network. The Provider Directory lists the hospitals in the GCHP network.

Women’s health specialists

You can go to a women’s health specialist in GCHP’s network for covered care necessary for women’s routine care services. You do not need a referral or authorization from your PCP to get these services. For help finding a women’s health specialist, call **1-888-301-1228 (TTY 711)**. You may also call the 24/7 Advice Nurse Line at **1-805-437-5001**. The toll-free number is **1-877-431-1700**. If you use TTY, call **711**.

Provider Directory

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

The GCHP Provider Directory lists hospitals, PCPs, specialists, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), Indian Health Care Providers (IHCs), and Rural Health Clinics (RHCs).

The Provider Directory has GCHP in-network provider names, specialties, addresses, phone numbers, business hours, and languages spoken. It tells you if the provider is taking new patients. It also gives physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. To learn more about a doctor’s education, training, and board certification, call **1-888-301-1228 (TTY 711)**.

You can find the online Provider Directory at www.goldcoasthealthplan.org.

If you need a printed Provider Directory, call **1-888-301-1228 (TTY 711)**.

You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you by calling Medi-Cal Rx at **1-800-977-2273 (TTY 1-800-977-2273)** and press **7** or **711**.

Timely access to care

Your in-network provider must provide timely access to care based on your health care needs. At a minimum, they must offer you an appointment listed in the time frames in the table below.

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Appointment type	You should be able to get an appointment within:
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness, or other health condition	15 business days

Other wait time standards	You should be able to get connected within:
Member services telephone wait times during normal business hours	10 minutes
Telephone wait times for Advice Nurse Line	30 minutes (connected to nurse)

Sometimes, waiting longer for an appointment is not a problem. Your provider might give you a longer wait time if it would harm your health. It must be noted in your record that a longer wait time will not be harmful to your health. Also, if you prefer to wait for a later appointment that will better fit your schedule or go to another provider of your choice, your provider or GCHP will respect your wish.

The standards for appointment availability do not apply to preventive care. Depending on your needs, your doctor may recommend a specific schedule for preventative services. The standards listed above also do not apply to periodic follow-up care for ongoing conditions or standing referrals to specialists.

Please tell us if you need interpreter services when you call GCHP or when you get covered services. Interpreter services, including sign language and translation services, are available at no cost. We highly discourage the use of minors or family members as interpreters. To learn more about our interpreter services, call **1-888-301-1228 (TTY 711)**.

If you need interpreter services, including sign language, at a Medi-Cal Rx pharmacy, call Medi-Cal Rx Customer Service at **1-800-977-2273**, 24 hours a day, 7 days a week. TTY users can call **711**, Monday through Friday, 8 a.m. to 5 p.m.

Travel time or distance to care

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

If GCHP is not able to provide care to you within these travel time or distance standards, DHCS may allow a different standard, called an alternative access standard. For GCHP's time or distance standards for where you live, visit www.goldcoasthealthplan.org. Or call **1-800-977-2273 (TTY 711)**.

If you need care from a provider located far from where you live, call Member Services at **1-800-977-2273 (TTY 711)**. They can help you find care with a provider located closer to you. If GCHP cannot find care for you from a closer provider, you can ask GCHP to arrange transportation for you to go to your provider, even if that provider is located far from where you live.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

If you need help with pharmacy providers, call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and press **7** or **711**.

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

Appointments

When you need health care:

- Call your PCP
- Have your GCHP ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC and GCHP ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for needed language assistance or interpreting services before your appointment to have the services at the time of your visit
- Be on time for your appointment. Arrive a few minutes early to sign in, fill out forms, and answer any questions your PCP may have
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready

If you have an emergency, call **911** or go to the nearest emergency room. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the 24/7 Advice Nurse Line at **1-805-437-5001** or toll-free at **1-877-431-1700**. If you use a TTY, call **711**.

Getting to your appointment

If you need a way to get to and from your appointments for covered services, GCHP can help arrange transportation for you. Depending on your situation, you may qualify for either Medical Transportation or Non-Medical Transportation. These transportation services are not for emergencies and may be available at no cost. If you are having an emergency, call **911**. Transportation is available for services and appointments not related to emergency care. They may be available at no cost.

To learn more, read "Transportation benefits for situations that are not emergencies" below.

Canceling and rescheduling

If you need help getting to your appointment, call your provider's office right away. Most doctors require you to call 24 hours (1 business day) before your appointment if you have to cancel. If you miss repeated appointments, your doctor might stop providing care to you, and you will have to find a new doctor.

Payment

You do **not** have to pay for covered services if you have a share of cost for long-term care. To learn more, read "For members with long-term care and a share of cost" in Chapter 2. In most cases, you will not get a bill from a provider. You must show your GCHP ID card and Medi-Cal BIC when you get health care services or prescriptions, so your provider knows who to bill. You can get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

If you do get a bill, call **1-888-301-1228** (TTY **711**). If you get a bill for prescriptions, call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press **7** or **711**). Or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Tell GCHP the amount you are being charged, the date of service, and the reason for the bill. You do not need to pay providers for any amount owed by GCHP for any covered service. You must get pre-approval (prior authorization) from GCHP before you visit an out-of-network provider except when:

- You need emergency services, in which case dial 911 or go to the nearest hospital
- You need family planning services or services related to testing for sexually transmitted infections, in which case you can go to any Medi-Cal provider without pre-approval (prior authorization)
- You need mental health services, in which case you can go to an in-network provider or a county mental health plan provider without pre-approval (prior authorization)

If you get care from an out-of-network provider and do not get pre-approval (prior authorization) from GCHP, you might have to pay for your care. If you need to get medically necessary care from an out-of-network provider because it is not available in the GCHP network, you will not have to pay as long as the care is a Medi-Cal covered service and you got pre-approval (prior authorization) from GCHP for it. To learn more about emergency care, urgent care, and sensitive services, go to those headings in this chapter.

If you get a bill or are asked to pay a co-pay you don't think you have to pay, call **1-888-301-1228** (TTY **711**). If you pay the bill, you can file a claim form with GCHP. You will need to tell GCHP in writing why you had to pay for the item or service. GCHP will read your claim and decide if you can get your money back.

For questions or to ask for a claim form, call **1-888-301-1228** (TTY **711**).

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

GCHP will not pay you back if:

- The services are not covered by Medi-Cal, such as cosmetic services.
- You have an unmet Medi-Cal share of cost.
- You went to a doctor who does not take Medi-Cal, and you signed a form that said you want to be seen anyway and you will pay for the services yourself.
- You asked to be paid back for co-pays for prescriptions covered by your Medicare Part D plan.

Referrals

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

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Your PCP might give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you as long as they think you need treatment.

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

If you have trouble getting a standing referral or want a copy of the GCHP referral policy, call **1-888-301-1228** (TTY **711**).

You do **not** need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call the Office of Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (12 years or older)
- Sexually transmitted infection services (12 years or older)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs, and IHCPs)
- Initial mental health assessment
- Podiatry services
- Eligible dental services

Minors can also get certain outpatient mental health services, sensitive services, and substance use disorder services without their parent's consent. To learn more, read "Minor consent services" in this chapter and "Substance use disorder treatment services" in Chapter 4 of this handbook.

California Cancer Equity Act referrals

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

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

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

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Pre-approval (prior authorization)

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

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under age 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition.

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

- Hospitalization, if not an emergency
- Services out of the GCHP service area, if not an emergency or urgent care
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency

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

Under Health and Safety Code Section 1367.01(h)(1), GCHP has seven business days from when GCHP gets the information reasonably needed to decide (approve or deny) pre-approval (prior authorization) requests. For requests a provider made or when GCHP finds that following the standard time frame could seriously endanger your life, health, or ability to attain, maintain, or regain maximum function, GCHP will make an expedited (fast) pre-approval (prior authorization) decision.

GCHP will give you notice as quickly as your health condition requires and no later than 72 hours after getting the request for services.

Clinical or medical staff, such as doctors and nurses, review pre-approval (prior authorization) requests.

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

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

You never need pre-approval (prior authorization) for emergency care, even if it is out of the network or your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for certain sensitive care services. To learn more about sensitive care services, read "Sensitive care" later in this chapter.

For questions about pre-approval (prior authorization), call **1-888-301-1228** (TTY **711**).



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Second opinions

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

If you want a second opinion, we will refer you to a qualified in-network provider who can give you a second opinion. For help choosing a provider, call **1-888-301-1228 (TTY 711)**.

GCHP will pay for a second opinion if you or your in-network provider asks for it and you get a second opinion from an in-network provider. You do not need pre-approval (prior authorization) from GCHP to get a second opinion from an in-network provider. Your in-network provider can help you get a referral for a second opinion if you need one.

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

If GCHP denies your request for a second opinion, you can file a grievance. To learn more about grievances, read “Complaints” in Chapter 6 of this handbook.

Sensitive care

Minor consent services

If you are under age 18, you can get some services without a parent’s or guardian’s permission. These services are called minor consent services.

You may get these services without your parent or guardian’s permission:

- Sexual assault services, including outpatient mental health care
- Pregnancy
- Family planning and birth control
- Abortion services

If you are 12 years old or older, you may also get these services without your parent’s or guardian’s permission:

- Outpatient mental health care for:
 - » Sexual assault
 - » Incest
 - » Physical assault
 - » Child abuse
 - » When you have thoughts of hurting yourself or others
- HIV/AIDS prevention, testing, and treatment
- Sexually transmitted infections prevention, testing, and treatment



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

- Substance use disorder treatment
 - » To learn more, read “Substance use disorder treatment services” in Chapter 4 of this handbook.

For pregnancy testing, family planning services, birth control services, or services for sexually transmitted infections, the doctor or clinic does not have to be in the GCHP network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization).

For minor consent services, not specialty mental health services, you can go to an in-network provider without a referral or pre-approval (prior authorization). Your PCP does not have to refer you; you do not need pre-approval (prior authorization) from GCHP to get covered minor consent services.

Minor consent services that are specialty mental health services are not covered. The county mental health plan covers specialty mental health services for your county.

Minors can talk to a representative in private about their health concerns by calling the 24/7 Advice Nurse Line at **1-805-437-5001** or toll-free at **1-877-431-1700**. If you use TTY/TTD, call **711**.

GCHP will not send information about getting sensitive services to parents or guardians. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

Adult sensitive care services

As an adult 18 years or older, you may not want to go to your PCP for certain sensitive or private care. You can choose any doctor or clinic for these types of care:

- Family planning and birth control, including sterilization for adults 21 and older
- Pregnancy testing and counseling
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing, and treatment
- Sexual assault care
- Outpatient abortion services

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

If you need help finding a doctor or clinic for these services or help getting to these services (including transportation), call **1-888-301-1228** (TTY **711**). You may also call the 24/7 Advice Nurse Line at **1-805-437-5001** or toll-free at **1-877-431-1700**. If you use TTY TTD, call **711**.

GCHP will not disclose medical information related to sensitive services to any other member without written authorization from you, the member receiving care. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Moral objection

Some providers have a moral objection to some covered services. They have a right not to offer some covered services if they morally disagree with the services. If your provider has a moral objection, they will help you find another provider for the needed services. GCHP can also help you find a provider.

Some hospitals and providers do not provide one or more of these services even if Medi-Cal covers them:

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

To make sure you choose a provider who can give you the care you and your family need, call the doctor, medical group, independent practice association, or clinic you want. Or call GCHP at **1-888-301-1228 (TTY 711)**. Ask if the provider can and will provide the services you need.

These services are available to you. GCHP will make sure you and your family can use providers (doctors, hospitals, clinics) who will give you the care you need. If you have questions or need help finding a provider, call GCHP at **1-888-301-1228 (TTY 711)**.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury, or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization). If you ask for an urgent care appointment, you will get an appointment within 48 hours. If the urgent care services you need require pre-approval (prior authorization), you will get an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call **1-888-301-1228 (TTY 711)**. Or you can call the 24/7 Advice Nurse Line at **1-805-437-5001** or toll-free at **1-877-431-1700**. If you use TTY/TTD, call **711** to learn the best care level for you.

If you need urgent care out of the area, go to the nearest urgent care facility.

Urgent care needs could be:

- Cold
- Sore throat
- Fever
- Ear pain
- Sprained muscle
- Maternity services

You must get urgent care services from an in-network provider when you are inside GCHP's service area. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside GCHP's service area.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

If you are outside the GCHP service area, but inside the United States. In that case, you do not need pre-approval (prior authorization) to get urgent care.

Go to the nearest urgent care facility. Medi-Cal does not cover urgent care services outside the United States. If you are traveling outside the United States and need urgent care, we will not cover your care.

If you need mental health urgent care, call your county mental health plan or Member Services at **1-888-301-1228 (TTY 711)**. Call your county mental health plan at **1-866-998-2243** or your GCHP Behavioral Health Organization any time, 24 hours a day, seven days a week. To find all counties' toll-free telephone numbers online, go to <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

If your doctor gives you medicine during your covered urgent care visit, GCHP will cover it. If your urgent care provider gives you a prescription to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read "Prescription drugs covered by Medi-Cal Rx" in "Other Medi-Cal programs and services" in Chapter 4.

Emergency care

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

Inside the United States, including any United States Territory, you have the right to use any hospital or other setting for emergency care.

If you are outside the United States, only emergency care requiring hospitalization in Canada and Mexico are covered. Emergency care and other care in other countries are not covered.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect, if you don't get care right away, you would place your health (or your unborn baby's health) in serious danger. This includes risking serious harm to your bodily functions, body organs, or body parts. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Trouble breathing
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts (county mental health plans may cover this)

Do not go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You



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may also call the 24/7 Advice Nurse Line at **1-805-437-5001** or toll-free at **1-877-431-1700**. If you use TTY/TTD, call **711**.

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

If you need emergency transportation, call **911**. You do not need to ask your PCP or GCHP before you go to the ER. If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call GCHP.

Remember: Do not call **911** unless it is an emergency.

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

GCHP's 24/7 Advice Nurse Line gives you free medical information and advice 24 hours a day, every day of the year. Call 1-805-437-5001 or toll-free at 1-877-431-1700. If you use TTY/TTD, call 711.

24/7 Advice Nurse Line

GCHP's 24/7 Advice Nurse Line can give you free medical information and advice 24 hours a day, every day of the year. Call **1-805-437-5001** or toll-free at **1-877-431-1700**. If you use TTY/TTD, call **711** to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

The 24/7 Advice Nurse Line **cannot** help with clinic appointments or medicine refills. Call your provider's office if you need help with these.

Advance directives

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

You can get an advance directive form at pharmacies, hospitals, law offices, and doctors' offices. You might have to pay for the form. You can also find and download a free form online. You can ask your family, PCP, or someone you trust to help you fill out the form.

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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

To learn more, you can call GCHP at **1-888-301-1228** (TTY **711**).

Organ and tissue donation

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

4. Benefits and services

What your health plan covers

This chapter explains your covered services as a member of GCHP. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask GCHP for pre-approval (prior authorization) for this.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call **1-888-301-1228 (TTY 711)**.

Members under 21 years old get extra benefits and services. To learn more, read Chapter 5, “Child and youth well care.”

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

- Acupuncture*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology*
- Behavioral health treatments*
- Biomarker testing
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & Radiation therapy
- Cognitive health assessments
- Community health worker services
- Dental services - limited (performed by medical professional/primary care provider [PCP] in a medical office)
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)*
- Dyadic care services
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Lab and radiology*
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy*
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery*



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- Palliative care*
- PCP visits
- Pediatric services
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices*
- Skilled nursing services
- Specialist visits
- Speech therapy*
- Surgical services
- Telemedicine/Telehealth
- Transgender services*
- Urgent care
- Vision services*
- Women's health services

Definitions and descriptions of covered services are in Chapter 8, "Important numbers and words to know."

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury.

Medically necessary services include those necessary for age-appropriate growth and development or to attain, maintain, or regain functional capacity.

For members under 21 years of age, a service is medically necessary if it is necessary to correct or improve defects and physical and mental illnesses or conditions under the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or maintain the member's condition to keep it from getting worse.

Medically necessary services do not include:

- Treatments that are untested or still being tested
- Services or items not generally accepted as effective
- Services outside the normal course and length of treatment or services that don't have clinical guidelines
- Services for caregiver or provider convenience

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

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

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



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For members younger than 21 years old, medically necessary services include all covered services listed above plus any other necessary health care, diagnostic services, treatment, and other measures to correct or improve defects and physical and mental illnesses and conditions, the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit requires. In California, the EPSDT benefit is called Medi-Cal for Kids and Teens. EPSDT provides prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under age 21. EPSDT covers more services than the benefit for adults. It is designed to make sure children get early detection and care to prevent, diagnose, and treat health problems. The EPSDT goal is to make sure every child gets the health care they need when they need it – the right care to the right child at the right time in the right setting.

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

Medi-Cal benefits covered by GCHP

Outpatient (ambulatory) services

Adult immunizations

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

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

Allergy care

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

Anesthesiologist services

GCHP covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by an anesthesiologist, who may require pre-approval (prior authorization).

Chiropractic services

GCHP covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of 2 services per month or a combination of 2 services per month from the following services: acupuncture, audiology, occupational therapy, and speech therapy. Limits do not apply to children under age 21. GCHP may pre-approve other services as medically necessary.

These members qualify for chiropractic services:

- Children under age 21
- Pregnant people through the end of the month, including 60 days after the end of a pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility



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- All members when services are provided at county hospital outpatient departments, outpatient clinics, Federally Qualified Health Centers (FQHCs), or Rural Health Clinics (RHCs) in GCHP's network. Not all FQHCs, RHCs, or county hospitals offer outpatient chiropractic services.

Cognitive health assessments

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

Community health worker services

GCHP covers community health worker (CHW) services for individuals when recommended by a doctor or other licensed practitioner to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. Services may include:

- Health education and training, including control and prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and injury prevention
- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management

Dialysis and hemodialysis services

GCHP covers dialysis treatments. GCHP also covers hemodialysis (chronic dialysis) services if your doctor submits a request and GCHP approves it.

Medi-Cal coverage does not include:

- Comfort, convenience, or luxury equipment, supplies, and features
- Non-medical items, such as generators or accessories to make home dialysis equipment portable for travel

Doula services

GCHP covers doula services for members who are pregnant or were pregnant in the past year when recommended by a physician or licensed practitioner. Medi-Cal does not cover all doula services. Doulas are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion.

Dyadic services

GCHP covers medically necessary dyadic behavioral health (DBH) care services for members and their caregivers. A dyad is a child and their parents or caregivers. Dyadic care serves parents or caregivers and child together. It targets family well-being to support healthy child development and mental health.

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



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Outpatient surgery

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

Physician services

GCHP covers physician services that are medically necessary.

Podiatry (foot) services

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

Treatment therapies

GCHP covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

GCHP covers these maternity and newborn care services:

- Birthing center services
- Breast pumps and supplies
- Breastfeeding education and aids
- Certified Nurse Midwife (CNM)
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Licensed Midwife (LM)
- Maternal mental health services
- Newborn care
- Prenatal care

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider by phone, video, or other means. Telehealth may involve sharing information with your provider without a live conversation. You can get many services through telehealth. Telehealth may only be available for some covered services. You can contact your provider to learn which services you can get through telehealth. You and your provider must agree that using telehealth for a service is appropriate for you. You have the right to in-person services. You are not required to use telehealth even if your provider agrees it is appropriate. You may also request an interpreter for your telehealth appointment. To learn more about telehealth, including resources to help you connect, visit www.goldcoasthealthplan.org.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Mental health services

Outpatient mental health services

GCHP covers initial mental health assessments without needing pre-approval (prior authorization). You can get a mental health assessment anytime from a licensed mental health provider in the GCHP's Managed Behavioral Health Organization (Carelon Behavioral Health) network without a referral.

Your PCP or mental health provider might make a referral for more mental health screenings to a specialist in the GCHP's Managed Behavioral Health Organization (Carelon Behavioral Health) network to decide the level of care you need. If your mental health screening results find you are in mild or moderate distress or have impaired mental, emotional, or behavioral functioning, GCHP can provide mental health services for you. GCHP covers mental health services such as:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Development of cognitive skills to improve attention, memory, and problem-solving
- Outpatient services to monitor medicine therapy
- Outpatient laboratory services
- Outpatient medicines that are not already covered under the Medi-Cal Rx Contract Drugs List (<https://medi-calrx.dhcs.ca.gov/home/>), supplies, and supplements
- Psychiatric consultation
- Family therapy, which involves at least two family members. Examples of family therapy include, but are not limited to:
 - » Child-parent psychotherapy (ages 0 through 5)
 - » Parent-child interactive therapy (ages 2 through 12)
 - » Cognitive-behavioral couple therapy (adults)

For help finding more information on mental health services provided by GCHP, call Carelon Behavioral Health at **1-855-765-9702** (TTY **1-800-735-2929** or **711**).

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

If your mental health screening shows that you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider can refer you to the county mental health plan to get the care you need.

Read “Other Medi-Cal programs and services” under “Specialty mental health services.”

Emergency care

Inpatient and outpatient services needed to treat a medical emergency

GCHP covers all services needed to treat a medical emergency in the U.S. (including territories such as Puerto Rico, U.S. Virgin Islands, etc.). GCHP also covers emergency care that requires hospitalization in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so



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serious that if it does not get immediate medical attention, a prudent (reasonable) layperson (not a health care professional) could expect it to result in:

- Serious risk to your health,
- Serious harm to bodily functions,
- Serious dysfunction of any bodily organ or part, or
- Serious risk in cases of a pregnant person in active labor, meaning labor at a time when either of the following would occur:
 - » There is not enough time to safely transfer you to another hospital before delivery.
 - » The transfer might pose a threat to your health or safety or to that of your unborn child.

If a hospital emergency room provider gives you up to a 72-hour supply of an outpatient prescription drug as part of your treatment, GCHP will cover the prescription drug as part of your covered Emergency Services. If a hospital emergency room provider gives you a prescription that you have to take to an outpatient pharmacy to be filled, Medi-Cal Rx will cover that prescription.

If a pharmacist at an outpatient pharmacy gives you an **emergency supply** of medication, that Medi-Cal Rx and not GCHP will cover the emergency supply. If the pharmacy needs help giving you an emergency medication supply, have them call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press **7** or **711**).

Emergency transportation services

GCHP covers ambulance services to help you get to the nearest place of care in an emergency. This means your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S. except emergency care that requires you to be in the hospital in Canada or Mexico. If you get emergency ambulance services in Canada or Mexico and you are not hospitalized during that care episode, GCHP will not cover your ambulance services.

Hospice and palliative care

GCHP covers hospice and palliative care for children and adults, which helps reduce physical, emotional, social, and spiritual discomforts. Adults ages 21 years or older may not get hospice care and palliative care services at the same time.

Hospice care

Hospice care is a benefit for terminally ill members. Hospice care requires the member to have a life expectancy of 6 months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational, or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Some drugs and biological services (some may be available through Medi-Cal Rx)
- Counselling services



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- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility, or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility, or hospice facility

Palliative care

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

Palliative care includes:

- Advance care planning
- Palliative care assessment and consultation
- Plan of care, including all authorized palliative and curative care
- Plan of care team including, but not limited to:
 - » Doctor of medicine or osteopathy
 - » Physician assistant
 - » Registered nurse
 - » Licensed vocational nurse or nurse practitioner
 - » Social worker
 - » Chaplain
- Care coordination
- Pain and symptom management
- Mental health and medical social services

Adults who are age 21 or older cannot get both palliative care and hospice care at the same time. If you are getting palliative care and qualify for hospice care, you can ask to change to hospice care anytime.

Hospitalization

Anesthesiologist services

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

Inpatient hospital services

GCHP covers medically necessary inpatient hospital care when you are admitted.

Rapid Whole Genome Sequencing

Rapid Whole Genome Sequencing (RWGS) is a covered benefit for any Medi-Cal member who is one year or younger and is getting inpatient hospital services in an intensive care unit. It includes individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing. RWGS is a new way to diagnose conditions in time to affect Intensive Care Unit (ICU) care of children one year or younger. If your child qualifies for California Children's Services (CCS), CCS may cover the hospital stay and the RWGS.



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Surgical services

GCHP covers medically necessary surgeries performed in a hospital.

The Postpartum Care Extension (PPCE) program

GCHP covers postpartum care for up to 12 months after the end of the pregnancy, regardless of income, citizenship, or immigration status. No other action is needed.

Rehabilitative and habilitative (therapy) services and devices

This benefit includes services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills.

GCHP covers rehabilitative and habilitative services described in this section if all of the following requirements are met:

- The services are medically necessary
- The services are to address a health condition
- The services are to help you keep, learn, or improve skills and functioning for daily living
- You get the services at an in-network facility unless an in-network doctor finds it medically necessary for you to get the services in another place or an in-network facility is not available to treat your health condition

GCHP covers these rehabilitative/habilitative services:

Acupuncture

GCHP covers acupuncture services to prevent, change, or relieve the perception of severe, ongoing chronic pain resulting from a generally recognized medical condition.

Outpatient acupuncture services, with or without electric stimulation of needles, are limited to 2 services per month in combination with audiology, chiropractic, occupational therapy, and speech therapy services when provided by a doctor, dentist, podiatrist, or acupuncturist. Limits do not apply to children under age 21. GCHP may pre-approve (prior authorize) more services as medically necessary.

Audiology (hearing)

GCHP covers audiology services. Outpatient audiology is limited to 2 services per month, combined with acupuncture, chiropractic, occupational therapy, and speech therapy services (limits do not apply to children under age 21). GCHP may pre-approve (prior authorize) more services as medically necessary.

Behavioral health treatments

GCHP covers behavioral health treatment (BHT) services for members under 21 years old through the EPSDT benefit. BHT includes services and treatment programs such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of a person under 21 years old.

BHT services teach skills using behavioral observation and reinforcement or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence. They are not experimental. Examples



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment, and applied behavioral analysis.

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

Cardiac rehabilitation

GCHP covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

GCHP covers the purchase or rental of DME supplies, equipment, and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse specialist. Prescribed DME items are covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, GCHP does not cover:

- Comfort, convenience, or luxury equipment, features, and supplies, except retail-grade breast pumps as described in this chapter under “Breast pumps and supplies” in “Maternity and newborn care”
- Items not intended to maintain normal activities of daily living, such as exercise equipment, including devices intended to provide more support for recreational or sports activities
- Hygiene equipment, except when medically necessary for a member under age 21
- Non-medical items such as sauna baths or elevators
- Modifications to your home or car
- Devices for testing blood or other body substances (diabetes blood glucose monitors, continuous glucose monitors, test strips, and lancets are covered by Medi-Cal Rx)
- Electronic monitors of the heart or lungs, except infant apnea monitors
- Repair or replacement of equipment due to loss, theft, or misuse, except when medically necessary for a member under age 21
- Other items not generally used mainly for health care

In some cases, these items may be approved when your doctor submits a request for pre-approval (prior authorization).

Enteral and parenteral nutrition

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Enteral nutrition formulas and parenteral nutrition products may be covered through Medi-Cal Rx when medically necessary. GCHP also covers enteral and parenteral pumps and tubing when medically necessary.

Hearing aids

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



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Hearing aids for Members under 21 years of age:

In Ventura County, state law requires children who need a hearing aid to be referred to the California Children's Services (CCS) program to decide if the child qualifies for CCS. If the child qualifies for CCS, CCS will cover the costs for medically necessary hearing aids. If the child does not qualify for CCS, we will cover medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for Members 21 years of age and older:

Under Medi-Cal, we cover the following for each covered hearing aid:

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

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

- Your hearing loss is such that your current hearing aid is not able to correct it
- Your hearing aid is lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note that tells us how this happened

For adults ages 21 and older, Medi-Cal does **not** include:

- Replacement hearing aid batteries

Home health services

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

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

- Part-time skilled nursing care
- Part-time home health aide
- Skilled physical, occupational, and speech therapy
- Medical social services
- Medical supplies

Medical supplies, equipment, and appliances

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

Medi-Cal does **not** cover:

- Common household items including, but not limited to:
 - » Adhesive tape (all types)



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- » Rubbing alcohol
- » Cosmetics
- » Cotton balls and swabs
- » Dusting powders
- » Tissue wipes
- » Witch hazel
- Common household remedies including, but not limited to:
 - » White petrolatum
 - » Dry skin oils and lotions
 - » Talc and talc combination products
 - » Oxidizing agents such as hydrogen peroxide
 - » Carbamide peroxide and sodium perborate
- Non-prescription shampoos
- Topical preparations that contain benzoic and salicylic acid ointment, salicylic acid cream, ointment or liquid, and zinc oxide paste
- Other items not generally used primarily for health care and that are regularly and mainly used by persons who do not have a specific medical need for them

Occupational therapy

GCHP covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction, and consultative services.

Occupational therapy services are limited to 10 visits per year in combination with acupuncture, audiology, chiropractic, and speech therapy services. GCHP may pre-approve (prior authorize) more services as medically necessary. All occupational therapy and speech therapy services require pre-approval (prior authorization) for members under age 21.

Orthotics/prostheses

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

Ostomy and urological supplies

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

Physical therapy

GCHP covers medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medicines.

Pulmonary rehabilitation

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



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Skilled nursing facility services

GCHP covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with 24-hour per day skilled nursing care.

Speech therapy

GCHP covers speech therapy that is medically necessary. Speech therapy services are limited to 2 services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy services. Limits do not apply to children under age 21. All speech therapy services require pre-approval (prior authorization). GCHP may pre-approve (prior authorize) more services as medically necessary.

Transgender services

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

Clinical trials

GCHP covers routine patient care costs for patients accepted into clinical trials, including clinical trials for cancer listed for the United States at <https://clinicaltrials.gov>.

Medi-Cal Rx, a Medi-Cal FFS program, covers most outpatient prescription drugs. To learn more, read “Outpatient prescription drugs” in this chapter.

Laboratory and radiology services

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

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- American Academy of Pediatrics Bright Futures recommendations (https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Adverse childhood experiences (ACE) screening
- Asthma prevention services
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists
- Help to quit smoking, also called smoking cessation services
- United States Preventive Services Task Force Grade A and B recommended preventive services

Family planning services are provided to members of childbearing age to allow them to choose the number and spacing of children. These services include all methods of birth control approved by the FDA. GCHP's PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may also choose a Medi-Cal doctor or clinic not connected with GCHP without having to get pre-approval (prior authorization) from GCHP. Services from an out-of-network provider not related to family planning might not be covered. To learn more, call **1-888-301-1228 (TTY 711)**.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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

- Diabetes
- Cardiovascular disease
- Asthma
- Depression

For preventive care information for youth 20 years old and younger, read Chapter 5, “Child and youth well care.”

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes. It is designed to prevent or delay the onset of Type 2 diabetes in persons diagnosed with prediabetes. Members who meet the criteria might qualify for a second year. The program provides education and group support. Techniques include, but are not limited to:

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

Members must meet certain rules to join DPP. To learn if you qualify for the program, call the Health Education Department at **1-805-437-5718**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays), or email HealthEducation@goldchp.org. If you use TTY, call **711**.

Reconstructive services

GCHP covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, diseases, or treatment of disease that resulted in the loss of a body structure, such as a mastectomy. Some limits and exceptions may apply.

Substance use disorder screening services

GCHP covers:

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

For treatment coverage through the county, read “Substance use disorder treatment services” below in this chapter.

Vision benefits

GCHP covers:

- Routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes
- Eyeglasses (frames and lenses) once every 24 months, with a valid prescription



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- Replacement eyeglasses within 24 months if your prescription changes or your eyeglasses are lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note about how your eyeglasses were lost, stolen, or broken.
- Low vision devices for those with vision impairment that is not correctable by standard glasses, contact lenses, medicine, or surgery that interferes with a person's ability to perform everyday activities (such as age-related macular degeneration)
- Medically necessary contact lenses. Contact lens testing and contact lenses may be covered if eyeglasses are not possible due to eye disease or condition (such as missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus.

If you lose/break your glasses, your prescription changes before you are eligible for new glasses/lenses, or want to know more about coverage limits, contact Vision Service Plan (VSP) at **1-800-877-7195**, (TTY: **1-800-428-4833**).

Transportation benefits for situations that are not emergencies

You can get medical transportation if you have medical needs that do not allow you to use a car, bus, or taxi to your appointments. You can get medical transportation for covered services and Medi-Cal-covered pharmacy appointments. You can request medical transportation by asking your doctor, dentist, podiatrist, or mental health or substance use disorder provider. Your provider will decide the correct type of transportation to meet your needs.

If they find that you need medical transportation, they will prescribe it by filling out a form and submitting it to GCHP. Once approved, the approval is good for up to 12 months, depending on the medical need. Once approved, you can get as many rides as you need. Your doctor will need to reassess your medical need for medical transportation and re-approve it every 12 months.

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

You will get medical transportation if:

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

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call Ventura Transit Systems (VTS) at **1-855-628-7433** (TTY **711**) at least two business days (Monday-Friday) before your appointment:

- For urgent appointments, call as soon as possible.
- Have your member ID card ready when you call.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Limits of medical transportation: GCHP provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. You cannot get medical transportation if Medi-Cal does not cover the service you are getting or it is not a Medi-Cal-covered pharmacy appointment. There is a list of covered services in this Member Handbook.

If Medi-Cal covers the appointment type but not through the health plan, GCHP will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered outside the network or service area unless pre-authorized by GCHP. To learn more or to ask for medical transportation, call the GCHP Transportation Liaison at **1-888-301-1228 (TTY 711)** or Ventura Transit Systems (VTS) at **1-855-628-7433 (TTY 711)**.

Cost to member

There is no cost when GCHP arranges transportation.

How to get non-medical transportation

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service and you do not have any access to transportation. You can get a ride, at no cost, when you have tried all other ways to get transportation and are:

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

GCHP allows you to use a car, taxi, bus, or other public or private way of getting to your medical appointment for Medi-Cal-covered services. GCHP will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, GCHP can reimburse you (pay you back) for rides in a private vehicle that you arrange. GCHP must approve this before you get the ride.

You must tell us why you cannot get a ride any other way, such as by bus. You can call, email, or tell us in person. If you access transportation or can drive yourself to the appointment, GCHP will not reimburse you. This benefit is only for members who do not have access to transportation.

For mileage reimbursement, you must submit copies of the driver's:

- Driver's license,
- Vehicle registration, and
- Proof of car insurance

To request a ride for services that have been authorized, call Ventura Transit Systems (VTS) at **1-855-628-7433 (TTY 711)** at least two business days (Monday through Friday) before your appointment. Or call as soon as you can when you have an urgent appointment. Have your member ID card ready when you call.

NOTE: American Indians may also contact their local Indian Health Clinic to request non-medical transportation.

Limits of non-medical transportation: GCHP provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive



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themselves or be reimbursed directly for non-medical transportation. To learn more, call the GCHP Transportation Liaison at **1-888-301-1228** (TTY **711**) or Ventura Transit Systems (VTS) at **1-855-628-7433** (TTY **711**).

Non-medical transportation does not apply if:

- An ambulance, litter van, wheelchair van, or other forms of medical transportation is medically needed to get to a Medi-Cal-covered service
- You need help 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
- Medi-Cal does not cover the service

Cost to member

There is no cost when GCHP arranges non-medical transportation.

Travel expenses

In some cases, if you have to travel for doctor's appointments that are not available near your home, GCHP can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. They may also be covered for someone traveling with you to help you with your appointment or donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting the GCHP Transportation Liaison at **1-888-301-1228** (TTY **711**) or Ventura Transit Systems (VTS) at **1-855-628-7433** (TTY **711**).

Other GCHP-covered benefits and programs

Health Education

GCHP offers health education resources and information as a benefit to you. Members receive a "Winning Health" newsletter in English and Spanish. The newsletter is mailed to you and contains various health education options of interest to you and your family. Members may also request health education materials directly from the Health Education Department by calling **1-805-437-5718**, Monday through Friday, from 8 a.m. to 5 p.m. (except holidays). If you use TTY, call **711** or email HealthEducation@goldchp.org.

Smoking Cessation

For free nicotine products and other tobacco cessation medications to help you quit smoking or vaping, contact Medi-Cal Rx at **1-800-977-2273**, 24 hours a day, seven days a week. If you use TTY, call **711**. To receive these products, talk with your doctor about the best method for you. Members can also call Kick It California at **1-800-300-8086** or visit www.kickitca.org.

Breastfeeding

GCHP covers maternity and newborn care services. Breastfeeding has many benefits for you and your baby. Breastmilk provides all the nourishment your baby needs. If you would like more information about breastfeeding, donor breast milk, and breast pumps, please contact your provider and/or GCHP's Member Services Department at **1-888-301-1228**. If you use TTY, call **711**.

Chronic Disease Self-Management Program

GCHP offers the Chronic Disease Self-Management Program (CDSMP) to its members. CDSMP is an evidence-



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based program developed by Stanford University Education Research Center. CDSMP is a six-week class series (once a week for six weeks) that helps members with a chronic condition live healthier lives. Members who complete the course can improve their health behaviors, health status, and decrease their days in the hospital. There is no cost to join CDSMP.

CDSMP activities and tools include:

- Problem-solving
- Decision-making
- Action-Planning
- Understanding emotions
- Healthy eating
- Physical activity
- And more

To enroll in CDSMP or for more information about health education programs, materials, or other health promotion services, call the Health Education Department at **1-805-437-5718**, Monday through Friday, from 8 a.m. to 5 p.m. (except holidays). If you use TTY, call **711**. You can also contact the department by sending an email to HealthEducation@goldchp.org. Members may also visit the GCHP Health Education website at www.goldcoasthealthplan.org/health-resources/health-education.

Healthwise Health Library

GCHP has a health library offered by Healthwise. The health library has many different health conditions, including information on preventive health care, fitness programs, pregnancy, and much more. Health education videos are also available to view in English and Spanish. GCHP health library at www.healthwise.net/gchp.

Cultural and Linguistic Services

GCHP knows the importance of being able to communicate with your doctor so you can understand your health. GCHP offers interpreting, translation, alternative formats, and appropriate auxiliary aids and services upon request at no cost.

It is important to use qualified interpreters at your medical and behavioral health visits. This also includes telehealth visits. GCHP strongly discourages the use of family or friends – mainly children – as interpreters.

GCHP offers these language assistance services:

- Sign language interpreter
- In-person interpreter
- Telephone interpreter
- Translation (written)
- Alternative formats such as Braille, audio CD, data CD, large print and accessible electronic formats, auxiliary aids and services

GCHP's Cultural and Linguistic Services is here to help you. For more information or to get language assistance services, call **1-805-437-5603**, Monday through Friday, from 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. Or email CulturalLinguistics@goldchp.org.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Long-term care services and support

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

- Skilled nursing facility services as approved by GCHP
- Subacute care facility services (including adult and pediatric) as approved by GCHP
- Intermediate care facility services GCHP approves, including:
 - » Intermediate care facility/developmentally disabled (ICF/DD),
 - » Intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), and
 - » Intermediate care facility/developmentally disabled-nursing (ICF/DD-N)

If you qualify for long-term care services, GCHP will make sure you are placed in a health care facility or home that gives the level of care most appropriate to your medical needs.

If you have questions about long-term care services, call **1-888-301-1228 (TTY 711)**.

Basic care management

Getting care from many different providers or in other health systems is challenging. GCHP wants to make sure Members get all medically necessary services, prescription medicines, and behavioral health services. GCHP can help coordinate and manage your health needs at no cost. This help is available even when another program covers the services.

It can be hard to figure out how to meet your health care needs after you leave the hospital or if you get care in different systems. Here are some ways GCHP can help members:

- If you have trouble getting a follow-up appointment or medicines after you are discharged from the hospital, GCHP can help you.
- If you need help getting to an in-person appointment, GCHP can help you get free transportation.

If you have questions or concerns about your health or the health of your child, call GCHP Member Services at 1-888-301-1228 (TTY 711).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. GCHP offers Complex Care Management (CCM) services to members with complex care needs related to chronic conditions, such as but not limited to diabetes, hypertension, congestive heart failure and/or asthma, frequent emergency room visits, or hospital admissions.

Members who are enrolled in CCM and Enhanced Care Management (read below) have an Assigned Care Manager at GCHP who can help not only with the basic care management described above but also an expanded set of transitional care supports that are available if you are discharged from a hospital, skilled nursing facility, psychiatric hospital, or residential treatment.



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Enhanced Care Management (ECM)

GCHP covers ECM services for members with highly complex needs. ECM has extra services to help you get the care you need to stay healthy. The ECM team coordinates members' care from different doctors and other health care providers. ECM helps coordinate primary and preventive care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to community resources.

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

Covered ECM services

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

- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family support services
- Coordination and referral to community and social supports

To find out if ECM might be right for you, talk to your GCHP representative or health care provider.

Cost to Member

There is no cost to the Member for ECM services.

ECM is a voluntary program, and members can opt out of ECM services anytime.

Community Supports

You may get Community Supports under your Individualized Care Plan. Community Supports are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for members. If you qualify, these services might help you live more independently. They do not replace benefits you already get under Medi-Cal.

Examples of Community Supports that GCHP plans to offer include, but are not limited to, medically-supportive foods/meals (also referred to as medically-tailored meals), housing deposits, recuperative care, respite care, help for you or your caregiver, installation of shower grab bars and/or wheelchair ramps. For more information about these services, please refer to the GCHP member website at www.goldcoasthealthplan.org. If you need help or want to find out what Community Supports may be available for you, call **1-888-301-1228** (TTY **711**), Care Management at **1-805-437-5656**, or your health care provider.



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Major organ transplant

Transplants for children under age 21

In Ventura County, state law requires children who need transplants to be referred to the California Children's Services (CCS) program to decide if the child qualifies for CCS. If the child qualifies for CCS, CCS will cover the costs of the transplant and related services.

If the child does not qualify for CCS, GCHP will refer the child to a qualified transplant center for evaluation. If the transplant center confirms that the transplant would be needed and safe, GCHP will cover the transplant and related services.

Transplants for adults ages 21 and older

If your doctor decides that you may need a major organ transplant, GCHP will refer you to a qualified transplant center for an evaluation. If the transplant center confirms a transplant is needed and is safe for your medical condition, GCHP will cover the transplant and other related services.

The major organ transplants that GCHP covers include, but are not limited to:

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

Transportation and travel expenses for CCS

You may be able to get transportation, meals, lodging, and other costs, such as parking, tolls, etc. if you or your family needs help to get to a medical appointment related to a CCS-eligible condition and there is no other available resource. You should call GCHP and request pre-approval (prior authorization) before you pay out-of-pocket for transportation, meals, and lodging. GCHP does provide non-medical and non-emergency medical transportation, as noted in Chapter 4, "Benefits and services".

If your transportation or travel expenses are found necessary, and GCHP verifies that you tried to get transportation through GCHP, you can get reimbursed from GCHP. We must reimburse you within 60 calendar days of you submitting the required receipts and proof of transportation expenses.

Other Medi-Cal programs and services

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

GCHP does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. GCHP will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not GCHP. This section lists some of these services. To learn more, call **1-888-301-1228 (TTY 711)**.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, a Medi-Cal FFS program. GCHP might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office, infusion center, or by a home infusion provider, these are considered physician-administered drugs.

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

Sometimes, you need a drug not on the Contract Drugs List. These drugs need approval before you can fill the prescription at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

- A pharmacist at your outpatient pharmacy may give you a 14-day emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medicine that an outpatient pharmacy gives.
- Medi-Cal Rx may say no to a non-emergency request. If they do, they will send you a letter to tell you why. They will tell you what your choices are. To learn more, read “Complaints” in Chapter 6.

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

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273**) and press **7** or **711**.

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

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

Specialty mental health services

Some mental health services are provided by county mental health plans instead of GCHP. These include specialty mental health services (SMHS) for Medi-Cal members who meet the rules for SMHS. SMHS may include these outpatient, residential, and inpatient services:



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Outpatient services:

- Mental health services
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management
- Therapeutic behavioral services covered for members under 21 years old
- Intensive care coordination (ICC) is covered for members under 21 years old
- Intensive home-based services (IHBS) is covered for members under 21 years old
- Therapeutic foster care (TFC) is covered for members under 21 years old

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Psychiatric inpatient hospital services
- Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call your county mental health plan. To find all counties' toll-free telephone numbers online, go to dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. If GCHP determines that you will need services from the county mental health plan, GCHP will help you connect with the county mental health plan services.

Substance use disorder treatment services

GCHP encourages members who want help with alcohol or other substance use to get care. Services for substance use are available from general care providers such as primary care, inpatient hospitals, and emergency departments and from specialty substance use service providers. County Behavioral Health Plans often provide specialty services.

To learn more about treatment options for substance use disorders, call your county department. GCHP members can have an assessment to match them to the services that best fit their health needs and preferences. When medically necessary, available services include outpatient treatment, residential treatment, and medicines for substance use disorders (also called Medication Assisted Treatment (MAT)) such as buprenorphine, methadone, and naltrexone.

The county provides substance use disorder services to Medi-Cal members who qualify for these services. Members identified for substance use disorder treatment services are referred to their county department for treatment. For a list of all counties' telephone numbers, go to https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

GCHP will provide or arrange for MAT in primary care, inpatient hospitals, emergency departments, and other medical settings.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

Dental services

The Medi-Cal Dental FFS Program is the same as FFS Medi-Cal for your dental services. Before you get dental services, you must show your BIC to the dental provider. Make sure the provider takes FFS Dental and you are not part of a managed care plan that covers dental services.

Medi-Cal covers a broad range of dental services through the Medi-Cal Dental Program, including:

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

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at **1-800-322-6384** (TTY **1-800-735-2922** or **711**). You may also visit the Medi-Cal Dental Program website at <https://www.dental.dhcs.ca.gov> or <https://smilecalifornia.org/>.

California Children's Services (CCS)

CCS is a Medi-Cal program that treats children under 21 years of age with certain health conditions, diseases, or chronic health problems and who meet the CCS program rules. If GCHP or your PCP believes your child has a CCS-eligible condition, they will be referred to the CCS county program to check if they qualify.

County CCS program staff will decide if your child qualifies for CCS services. GCHP does not decide CCS eligibility. If your child qualifies to get this type of care, CCS providers will treat them for the CCS-eligible condition. GCHP will continue to cover services unrelated to the CCS condition, such as physicals, vaccines, and well-child checkups.

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

CCS does not cover all health conditions. CCS covers most health conditions that are physically debilitating or need treatment with medicines, surgery, or rehabilitation (rehab). Examples of CCS-eligible conditions include but are not limited to:

- | | |
|----------------------------|--|
| • Congenital heart disease | • Spina bifida |
| • Cancers | • Hearing loss |
| • Tumors | • Cataracts |
| • Hemophilia | • Cerebral palsy |
| • Sickle cell anemia | • Seizures under certain circumstances |
| • Thyroid problems | • Rheumatoid arthritis |
| • Diabetes | • Muscular dystrophy |



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- AIDS
- Severe head, brain, or spinal cord injuries
- Severe burns
- Severely crooked teeth

Medi-Cal pays for CCS services. If your child does not qualify for CCS program services, they will keep getting medically necessary care from GCHP.

To learn more about CCS, go to <https://www.dhcs.ca.gov/services/ccs>. Or call **1-888-301-1228** (TTY **711**).

Institutional long-term care

GCHP covers long-term care services that are medically necessary. To learn more, call **1-888-301-1228** (TTY **711**).

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

California's six Medi-Cal 1915(c) waivers allow the state to provide services to persons who would otherwise need care in a nursing facility or hospital in the community-based setting of their choice. Medi-Cal has an agreement with the Federal Government to offer waiver services in a private home or a homelike community setting. The services offered under the waivers must not cost more than the alternative institutional level of care. HCBS Waiver recipients must qualify for full-scope Medi-Cal. The six Medi-Cal 1915(c) waivers are:

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

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

<https://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx>. Or call **1-888-301-1228** (TTY **711**).

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides in-home personal care assistance to qualified aged, blind, and disabled persons as an alternative to out-of-home care. It enables recipients to stay safely in their own homes.

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Services you cannot get through GCHP or Medi-Cal

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

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

GCHP may cover a non-covered service if it is medically necessary. Your provider must submit a pre-approval (prior authorization) request to GCHP for why the non-covered benefit is medically needed.

To learn more, call **1-888-301-1228** (TTY **711**).

Evaluation of new and existing technologies

At GCHP, we are modernizing our technologies by going to market through our request for proposals (RFP) process to procure industry-leading, best-in-class capabilities. GCHP has procured and is implementing a new core administration platform – HealthEdge. GCHP has also procured and is implementing the following technologies: EDI with Edifecs, NTT for provider portals, and Zyter for our new medical management capability.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

5. Child and youth well care

Child and youth members under 21 years old can get special health services as soon as they are enrolled. This makes sure they get the right preventive, dental, and mental health care, including developmental and specialty services. This chapter explains these services.

Pediatric services (Children under age 21)

Members under 21 years old are covered for needed care. The list below includes medically necessary services to treat or care for defects and physical or mental diagnoses. Covered services include, but are not limited to:

- Well-child visits and teen check-ups (important visits children need)
- Immunizations (shots)
- Behavioral health assessment and treatment
- Mental health evaluation and treatment, including individual, group, and family psychotherapy (specialty mental health services are covered by the county)
- Adverse childhood experiences (ACE) screening
- Lab tests, including blood lead poisoning screening
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Developmental Screenings
- Hearing services (covered by California Children's Services (CCS) for children who qualify. GCHP will cover services for children who do not qualify for CCS)

These services are called Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. In California, EPSDT is also called Medi-Cal for Kids and Teens. EPSDT services recommended by pediatricians' Bright Futures guidelines to help you or your child stay healthy are covered at no cost. To read these guidelines, go to https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Well-child health check-ups and preventive care

Preventive care includes regular health check-ups, screenings to help your doctor find problems early, and counseling services to detect illnesses, diseases, or medical conditions before they cause problems. Regular check-ups help you or your child's doctor look for any problems. Problems can include medical, dental, vision, hearing, mental health, and substance (alcohol or drug) use disorders. GCHP covers check-ups to screen for problems (including blood lead level assessment) any time they are needed, even if it is not during your or your child's regular check-up.

Preventive care also includes shots you or your child need. GCHP must make sure all enrolled children are up to date with all the shots they need when they visit their doctor. Preventive care services and screenings are available at no cost and without pre-approval (prior authorization).



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Your child should get check-ups at these ages:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from 3 to 20 years old

Well-child health check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate shots (California follows the American Academy of Pediatrics Bright Futures schedule https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Lab tests, including blood lead poisoning screening
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment
- Fluoride varnish

If the doctor finds a problem with your or your child's physical or mental health during a check-up or screening, you or your child might need medical care. GCHP will cover that care at no cost, including:

- Doctor, nurse practitioner, and hospital care
- Shots to keep you healthy
- Physical, speech/language, and occupational therapies
- Home health services, including medical equipment, supplies, and appliances
- Treatment for vision problems, including eyeglasses
- Treatment for hearing problems, including hearing aids, when CCS does not cover them
- Behavioral Health Treatment for health conditions such as autism spectrum disorders and other developmental disabilities
- Case management and health education
- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital disabilities, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance

Blood lead poisoning screening

All children enrolled in GCHP should get blood lead poisoning screening at 12 and 24 months of age or between 36 and 72 months if they were not tested earlier. Children should also be screened whenever the doctor identifies the child is at risk for lead poisoning.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Help getting child and youth well-care services

GCHP will help members under 21 years old and their families get the services they need. A GCHP care coordinator can:

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed
- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services available through Fee-for-Service (FFS) Medi-Cal, such as:
 - » Treatment and rehabilitative services for mental health and substance use disorders
 - » Treatment for dental issues, including orthodontics

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

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about four to six months, "teething" will begin as the baby teeth come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.

These Medi-Cal dental services are free or low-cost services for:

Babies aged 1 to 4

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every six months, and sometimes more)
- X-rays
- Teeth cleaning (every six months, and sometimes more)
- Fluoride varnish (every six months, and sometimes more)
- Fillings
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Kids aged 5-12

- Dental exams (every six months, and sometimes more)
- X-rays
- Fluoride varnish (every six months, and sometimes more)
- Teeth cleaning (every six months, and sometimes more)
- Molar sealants
- Fillings
- Root canals
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Kids aged 13-20

- Dental exams (every six months, and sometimes more)
- X-rays
- Fluoride varnish (every six months, and sometimes more)
- Teeth cleaning (every six months, and sometimes more)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Extractions (tooth removal)
- Emergency dental services
- Sedation (if medically necessary)

*Providers should consider sedation and general anesthesia when they determine and document why local anesthesia is not medically appropriate and whether the dental treatment is pre-approved or does not need pre-approval (prior authorization).

These are some of the reasons local anesthesia cannot be used and sedation or general anesthesia might be used instead:

- Physical, behavioral, developmental, or emotional condition that blocks the patient from responding to the provider's attempts to perform treatment
- Major restorative or surgical procedures
- Uncooperative child
- Acute infection at an injection site
- Failure of a local anesthetic to control pain

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at **1-800-322-6384** (TTY **1-800-735-2922** or **711**). Or go to <https://smilecalifornia.org>.

Additional preventive education referral services

If you are worried your child is not participating and learning well at school, talk to your child's doctor, teachers, or school administrators. In addition to your medical benefits covered by GCHP, there are services the school must provide to help your child learn and not fall behind.

Services that can be provided to help your child learn include:

- Speech and language services
- Psychological services
- Physical therapy
- Occupational therapy
- Assistive technology
- Social Work services
- Counseling services
- School nurse services
- Transportation to and from school

The California Department of Education provides and pays for these services. Together with your child's doctors and teachers, you can make a custom plan that will best help your child.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

6. Reporting and solving problems

There are two ways to report and solve problems:

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

You have the right to file grievances and appeals with GCHP to tell us about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for filing a complaint with us or reporting issues. Telling us about your problem will help us improve care for all members.

You may contact GCHP first to let us know about your problem. Call at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. Tell us about your problem.

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

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call **1-888-301-1228** (TTY **711**).

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

Complaints

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

- **By phone:** Call GCHP at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call GCHP at **1-888-301-1228** (TTY **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Mail the form to:

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

Your doctor's office will have complaint forms available.

- **Online:** Visit the GCHP website at www.goldcoasthealthplan.org.

If you need help filing your complaint, GCHP can help you. We can give you no-cost language services. Call **1-888-301-1228 (TTY 711)**.

Within five calendar days of getting your complaint, we will send you a letter telling you we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call GCHP about a grievance, not health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at **1-888-301-1228 (TTY 711)**.

Within 72 hours of getting your complaint, we will decide how to handle it and whether to expedite it. If we find that we will not expedite your complaint, we will tell you that we will resolve your complaint within 30 days. You may contact DMHC for any reason, including if you believe your concern qualifies for expedited review or if GCHP does not respond within 72 hours.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the GCHP grievance process. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling **1-800-977-2273 (TTY 1-800-977-2273)** and press **7** or **711**. Or go to <https://medi-calrx.dhcs.ca.gov/home/>.

Appeals

An appeal is different from a complaint. An appeal is a request for us to review and change a decision we made about your services. If we send you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can ask us for an appeal. Your authorized representative or provider can also ask us for an appeal for you with your written permission.

You must ask for an appeal within 60 days from the date on the NOA you got from us. If we decide to reduce, suspend, or stop a service you are getting now, you can continue getting that service while you wait for your appeal to be decided. This is called Aid Paid Pending. To get Aid Paid Pending, you must ask us for an appeal within ten days from the date on the NOA or before the date we said your services will stop, whichever is later. When you request an appeal under these circumstances, the services will continue.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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

- **By phone:** Call GCHP at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. Give your name, health plan ID number, and the service you are appealing.
- **By mail:** Call GCHP at **1-888-301-1228** (TTY **711**) and ask to have a form sent to you. When you get the form, fill it out. Include your name, health plan ID number, and the service you are appealing.

Mail the form to:

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

Your doctor's office will have appeal forms available.

- **Online:** Go to the GCHP website at www.goldcoasthealthplan.org.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you no-cost language services. Call **1-888-301-1228** (TTY **711**).

Within five days of getting your appeal, we will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a state hearing from the California Department of Social Services (CDSS).

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call **1-888-301-1228** (TTY **711**). We will decide within 72 hours of receiving your appeal.

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

If you requested an appeal and got a NAR letter telling you we did not change our decision, or you never got a NAR letter, and it has been past 30 days, you can:

- Ask for a state hearing from the California Department of Social Services (CDSS), and a judge will review your case. CDSS' toll-free telephone number is **1-800-743-8525** (TTY **1-800-952-8349**). You can also ask for a state hearing online at <https://www.cdss.ca.gov>.

You will not have to pay for a state hearing.

GCHP does not handle complaints and appeals related to Medi-Cal Rx pharmacy benefits. You can submit complaints and appeals about Medi-Cal Rx pharmacy benefits by calling **1-800-977-2273** (TTY **1-800-977-2273** and press **7** or **711**).

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a state hearing.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

State hearings

A state hearing is a meeting with GCHP and a judge from the CDSS. The judge will help resolve your problem or tell you we made the correct decision. You have the right to ask for a state hearing if you already asked for an appeal with us and you are still not happy with our decision or if you get a decision on your appeal after 30 days.

You must ask for a state hearing within 120 days from the date on our NAR letter. If we gave you Aid Paid Pending during your appeal, and you want it to continue until there is a decision on your state hearing, you must ask for a state hearing within ten days of our NAR letter or before the date we said your services would stop, whichever is later.

If you need help making sure Aid Paid Pending will continue until there is a final decision on your state hearing, contact GCHP at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. If you cannot hear or speak well, call (TTY **711**). Your authorized representative or provider can ask for a state hearing for you with your written permission.

Sometimes, you can ask for a state hearing without completing our appeal process.

For example, if we did not notify you correctly or on time about your services, you can request a state hearing without having to complete our appeal process. This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- We did not make a NOA or NAR letter available to you in your preferred language.
- We made a mistake that affects any of your rights
- We did not give you a NOA letter.
- We did not give you a NAR letter.
- We made a mistake in our NAR letter.
- We did not decide on your appeal within 30 days. We decided your case was urgent but did not respond to your appeal within 72 hours.

You can ask for a state hearing in these ways:

- **Online:** Request a hearing online at www.CDSS.CA.gov
- **Fax:** Fill out the form that came with your appeals resolution notice and Fax it to the state hearings Division at **1-833-281-0905**
- **By phone:** Call the State Hearings Division at **1-800-743-8525** (TTY **1-800-952-8349** or **711**)
- **By mail:** Fill out the form provided with your appeals resolution notice and send it to:

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

If you need help asking for a state searing, we can help you. We can give you no-cost language services. Call **1-888-301-1228 (TTY 711)**.

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

If you want CDSS to make a fast decision because the time it takes to have a state hearing would put your life, health, or ability to function fully in danger, you, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) state hearing. CDSS must decide by three business days after it gets your complete case file from GCHP.

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse, it is your responsibility to report it by calling the confidential toll-free number **1-800-822-6222** or submitting a complaint online at <https://www.dhcs.ca.gov/>.

Provider fraud, waste, and abuse include:

- Falsifying medical records
- Prescribing more medicine than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service
- Offering free or discounted items and services to members to influence which provider is selected by the member
- Changing the member's primary care provider without the knowledge of the member

Fraud, waste, and abuse by a person who gets benefits includes, but is not limited to:

- Lending, selling, or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number
- Taking medical and non-medical transportation rides for non-healthcare related services, for services not covered by Medi-Cal, or when you do not have a medical appointment or prescriptions to pick up

To report fraud, waste, and abuse, please provide as much information as possible, such as the name, address, and ID number of the person suspected of committing fraud, waste, or abuse. Details of the suspected fraud, waste, or abuse, who, what, where, when, and the date and time of the incident or incidents(s), and any documentation related to the report.

Gold Coast Health Plan has several methods in place where you can report suspected fraud, waste, or abuse. Reports can be made anonymously by:

- Calling the toll-free hotline, available 24 hours a day, seven days a week at **1-866-672-2615 (TTY 711)**.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

- Filing online at secure.ethicspoint.com
- Writing to the following address:

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

7. Rights and responsibilities

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

Your rights

These are your rights as a member of GCHP:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information
- To be provided with information about the health plan and its services, including covered services, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about GCHP's member rights and responsibilities policy
- To be able to choose a primary care provider within GCHP's network
- To have timely access to network providers
- To participate in decision-making with providers regarding your health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care you got
- To know the medical reason for GCHP's decision to deny, delay, terminate, or change a request for medical care
- To get care coordination
- To ask for an appeal of decisions to deny, defer, or limit services or benefits
- To get no-cost interpreting and translation services for your language
- To get free legal help at your local legal aid office or other groups
- To formulate advance directives
- To ask for a state hearing if a service or benefit is denied and you have already filed an appeal with GCHP and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible
- To access minor consent services
- To get no-cost written member information in other formats, such as Braille, audio format, large print (no less than 20 point Arial font), and accessible electronic format, such as a data CD, as well as requests for other auxiliary aids and services that may be appropriate. GCHP must provide appropriate auxiliary aids and services to members with disabilities, including alternative formats, upon request per Welfare and Institutions (W&I) Code section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
- To have access to and get a copy of your medical records and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

- Freedom to exercise these rights without adversely affecting how you are treated by GCHP, your providers, or the state
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside GCHP's network under the federal law
- To have privacy and your medical information kept confidential
- To timely medical appointments
- To get a second opinion for your diagnosis or treatment plan
- To have an adult represent you with GCHP once GCHP receives and validates the appropriate permissions from you

Your responsibilities

GCHP members have these responsibilities:

- Carefully read the GCHP Member Handbook and other materials you may receive to understand how to use your benefits and what steps to follow when you need care
- Always show your GCHP member identification card and any other active health insurance cards you may have when getting services
- Notify GCHP Member Services at **1-888-301-1228** (TTY **711**) if your GCHP member identification card is lost or stolen to request a copy
- Promptly let the Medi-Cal eligibility office and GCHP know of any changes to your name, address, phone number, and other health care coverage. If you get Supplemental Security Income (SSI), call the Social Security Administration (SSA) office to make changes. All agencies need to have your correct information
- Select a Primary Care Provider (PCP) within the first 30 days of being a GCHP member
- Notify GCHP Member Services at **1-888-301-1228** (TTY **711**) if you want to change your PCP
- Make an appointment with your PCP within the first 120 days of being a GCHP member for a health evaluation
- Treat GCHP staff, health care provider(s) and their staff in a respectful and courteous way
- Be on time for your appointments and inform your doctor's office if you must cancel or reschedule and do so at least 24 business hours in advance
- Tell your medical provider about all of your medical condition(s), health care needs, and any medications you are taking to get the best care plan for you
- Follow the care plan and orders for care that you have agreed upon with your doctor
- Ask your provider questions if you do not understand something
- Contact your doctor if you have problems with the care plan
- Call your doctor first when you need health care
- Use the emergency room only in cases of an emergency or as directed by your doctor
- Follow up with your PCP after getting care at an emergency facility or urgent care center
- Talk to your doctor about things you can do to improve your health. Take part in health care programs that keep you healthy
- Request interpreter services at least five working days before a scheduled appointment
- Call your doctor or pharmacy at least three days before you run out of medicine
- Pay for your monthly share of cost (if you have one) and for Medi-Cal non-covered services
- Report fraud, waste, and abuse to GCHP. You can do this without giving your name by calling GCHP's hotline at **1-866-672-2615**, 24 hours a day, seven days a week



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

- Call GCHP Member Services at **1-888-301-1228** (TTY **711**) if you do not know how to use your benefits or if you have any problems with services needed or received
- Call your doctor and GCHP's Cultural and Linguistic Services at **1-805-437-5603** or **1-805-437-5624** at least 24 hours in advance if you need to cancel a scheduled interpreter request. If you use a TTY, call **711**.

Notice of non-discrimination

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

GCHP provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - » Qualified sign language interpreters
 - » Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- No-cost 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 GCHP at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). Or, if you cannot hear or speak well, please call **711** to use the California Relay Service.

How to file a grievance

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

- **By phone:** Contact GCHP at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). Or, if you cannot hear or speak well, please call **711** to use the California Relay Service.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Attn: Grievance and Appeals
P.O. Box 9176
Oxnard, CA 93031
- **In person:** Visit your doctor's office or GCHP and say you want to file a grievance.
- **Electronically:** Visit the GCHP website. Go to www.goldcoastthehealthplan.org.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoastthehealthplan.org.

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 **1-916-440-7370**. 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 based on 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 **1-800-537-7697** or **711** to use the California Relay Service.
- **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 <https://www.hhs.gov/ocr/complaints/index.html>.

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

Ways to get involved as a member

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Community Advisory Committee (CAC)

GCHP has a group called the Community Advisory Committee (CAC). This group is made up of agencies, groups, and Medi-Cal beneficiaries who represent GCHP's members. You can join this group if you would like. The group talks about how to improve GCHP policies and is responsible for:

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

If you would like to be a part of this group, call **1-888-301-1228 (TTY 711)**.

Notice of privacy practices

A statement describing GCHP policies and procedures for preserving the confidentiality of medical records is available. It will be given to you upon request.

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

You can ask GCHP to send communications about sensitive services to another mailing address, email address, or telephone number you choose. This is called a "request for confidential communications." If you request confidential communications, GCHP will not give information on your sensitive care services to anyone else without your written permission. If you do not give a mailing address, email address, or telephone number, GCHP will send communications in your name to the address or telephone number on file.

GCHP will honor your requests for confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for. We will send them to the place you choose. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

All confidential communication requests must be made in writing, using the Confidential Communications Request Form or another applicable written request that provides the necessary information to be considered a request for confidential communication.

Privacy and you

Your health information is personal and private. GCHP must keep your health information private and notify you if that privacy information has been breached. GCHP gets information about you when you become a member. Your doctors, clinics, labs, and hospitals send information to GCHP when they ask GCHP to approve and pay for your health care. GCHP must give you a notice informing you of how your health information is kept private.

GCHP is required by law to maintain the privacy of your health information. GCHP is required to inform you of its legal duties and privacy practices where your protected health information (PHI) is concerned.

GCHP agrees to follow the terms of this Notice of Privacy Practices. GCHP also has the right to change the terms of this notice if it becomes necessary and to make the new notice effective for all health information GCHP



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

maintains. If GCHP needs to make any changes, you will receive an updated copy of this notice mailed to you at your recorded address. If you received this notice electronically, you have the right to request a paper copy at any time.

How does GCHP use and disclose my health information?

To manage your health benefits effectively, GCHP stores health-related records about you, including your claims history, health plan enrollment information, case management records, and prior authorizations for health services. GCHP uses this information and discloses it to others for the following purposes:

- **Treatment:** GCHP uses and discloses your health information to coordinate your health care. It is disclosed to hospitals, clinics, physicians, and other health care providers to enable them to provide health care services to you. For example, GCHP maintains your health information in paper and electronic form and allows health care providers to have online access to it to provide treatment to you.
- **Payment:** GCHP uses and discloses your health information to make payments for health care services you receive, including determining your eligibility for benefits and your provider's eligibility for payment. For example, GCHP informs providers that you are a member and tells them your eligible benefits.
- **Health Care Operations:** GCHP uses and discloses your health information as necessary to enable GCHP to operate. For example, GCHP uses members' claims information for internal financial accounting activities and quality assurance purposes.

GCHP also discloses health information to contractors and agents who assist in these functions. However, a confidentiality agreement is obtained before GCHP makes such disclosures for payment or operational purposes. For example, companies that provide or maintain GCHP's computer services may have access to computerized health information in the course of providing services.

Why is GCHP contacting me?

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

Can my health information ever be released without my permission?

Yes, GCHP may disclose your protected health information (PHI) without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which GCHP is required or authorized by law to do so. The general kinds of disclosures GCHP may be required or allowed to make without your authorization include, but are not limited to:

- Disclosures that are required by state or federal law.
- For judicial and administrative proceedings, such as lawsuits.
- To law enforcement agencies.
- To coroners and medical examiners.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, GCHP may release health information about you to the institution or official.
- To a school, about a member who is a student or prospective student of the school, if: (1) the information that is disclosed is limited to proof of immunization; (2) the school is required by the state or other law to have such proof of immunization prior to admitting the member; and (3) there is documented agreement by the member or the member's guardian.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

Are there instances when my PHI is not released?

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

GCHP will not permit other uses and disclosures of your health information without your written permission or authorization.

Your Individual Rights

What rights do I have as a GCHP member? As a GCHP member, you have the right to:

- Ask GCHP to restrict certain uses and disclosures of your health information. GCHP is not required to agree to any restrictions its members request unless it is solely for a health care item or service for which you or another person other than GCHP has paid for the service(s) out of pocket.
- Protect your privacy. You have the right to receive confidential communications from GCHP at a particular phone number, P.O. Box, or some other address you specify to GCHP.
- See and copy any of your health records that GCHP maintains. We must receive your request in writing. We will respond to your request within 30 days. If your records are stored in another location, please allow 60 days for GCHP to respond to your request. GCHP may charge a fee to cover the cost of copying your records. Under certain circumstances, GCHP may deny your request. If your request is denied, GCHP will tell you the reason in writing. You have the right to appeal the denial.
- Request that GCHP amend your records if you feel they are wrong. GCHP may deny your request under certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- Receive a report of non-routine disclosures that GCHP has made of your health information up to six years prior to the date of your request (but not earlier than April 14, 2003). There are some exceptions. For example, GCHP does not maintain records of disclosures made with your authorization, disclosures made for health care treatment, determining payment for health services, or conducting the health plan operations of GCHP, disclosures made to you, and certain other disclosures.
- If you received this notice electronically, you have the right to request a paper copy at any time.

How do I exercise these rights?

You can exercise any of your rights by sending a written request to GCHP's privacy official at the address below. To facilitate the processing of your request, GCHP encourages you to use a request form, which you can obtain below or by calling GCHP at the telephone number below. You can also obtain a complete statement of your rights, including the procedures for responding to requests to exercise your rights, by calling or writing to the privacy official at the address below.

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

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

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

Contact GCHP at:

Privacy Official: Gold Coast Health Plan
 Mailing address: 711 E. Daily Drive, Suite 106, Camarillo, CA 93010
 Compliance Hotline: **1-866-672-2615**; if you use a TTY **1-888-310-7347** or **711**

California's Department of Health Care Services:

Privacy Officer
 c/o Legal Services Office
 1501 Capitol Ave., MS-4721
 Sacramento, CA 95814
 P.O. Box 997413
 Sacramento, CA 95899-7413
 Voice Phone 1-916-445-4646

Contact the Secretary of the United States Departments of Health and Human Services at:

Office for Civil Rights
 Attn: Regional Manager
 90 7th Street, Suite 4-100
 San Francisco, CA 94103
 Voice Phone 1-800-368-1019
 FAX 1-202-619-3818
 TTY 1-800-537-7697

Notice about laws

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

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

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

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC at no cost.

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

If you do not have access to the internet, you can report OHC to GCHP. Or call **1-800-541-5555** (TTY **1-800-430-7077** or **711**) inside California or **1-916-636-1980** (outside California).

The California Department of Health Care Services (DHCS) has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay first or reimburse Medi-Cal.



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

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

To learn more, visit <https://dhcs.ca.gov/tplrd> or call **1-916-445-9891**.

Notice about estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-for-Service (FFS) and managed care premiums or capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an inpatient in a nursing facility or was receiving home and community-based services. Repayment cannot exceed the value of a member's probated estate.

To learn more, visit the DHCS estate recovery website at <http://dhcs.ca.gov/er> or call **1-916-650-0590**.

Notice of Action

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

Contents in notices

If GCHP bases denials, delays, terminations, or changes in whole or in part on medical necessity, your NOA must contain the following:

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

Translations

GCHP is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for GCHP's decision to deny, delay, change, reduce, suspend, or stop a request for health care services.

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



Call GCHP Member Services at **1-888-301-1228**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**. The call is toll-free. Visit online at www.goldcoasthealthplan.org.

8. Important numbers and words to know

Important phone numbers

- GCHP Member Services Department: **1-888-301-1228** (TTY **711**)
- GCHP Cultural and Linguistic Services, language assistance services: **1-805-437-5603**; **1-805-437-5624** (TTY **711**)
- Medi-Cal Rx: **1-800-977-2273** (TTY **1-800-977-2273** and press **7** or **711**)
- 24-Hour Advice Nurse Line: **1-805-437-5001** or toll-free at **1-877-431-1700**. (TTY **711**)
- GCHP Compliance Hotline: **1-866-672-2615**
- Carelon Behavioral Health, behavioral health services: **1-855-765-9702** (TTY/TDD **1-800-735-2929** or **711**)
- Vision Service Plan (VSP), vision services: **1-800-877-7195** (**1-800-428-4833**)
- Medi-Cal Dental, dental services: **1-800-322-6384**
- Ventura Transit System (VTS), transportation services: **1-855-628-7433**
- Ventura County Behavioral Health (VCBH): **1-866-998-2243**
- Human Services Agency (HSA): **1-888-472-4463** (TTY/TDD **1-888-735-2922**)
- Social Security Administration / Medicare: **1-800-772-1213** (TTY/TDD **1-800-325-0778**)
- California Relay Services: **711**

Words to know

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

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

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

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



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

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

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

California Children's Services (CCS): A Medi-Cal program that provides services for children up to age 21 with certain health conditions, diseases, or chronic health problems.

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

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

Chiropractor: A provider who treats the spine using manual manipulation.

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

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

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

Complaint: A member's verbal or written dissatisfaction about a service covered by Medi-Cal, GCHP, a county mental health plan, or a Medi-Cal provider. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing out-of-network provider for up to 12 months if the provider and GCHP agree.

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

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

County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. You are automatically enrolled in a COHS plan if you meet enrollment rules. Enrolled recipients choose their health care provider from among all COHS providers.



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

Coverage (covered services): Medi-Cal services for which GCHP is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

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

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

Durable medical equipment (DME): Medically necessary equipment ordered by your doctor or other provider. GCHP decides whether to rent or buy DME. Rental costs must not be more than the cost to buy.

Early and periodic screening, diagnostic, and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early, as well as any treatment to take care of or help the conditions that might be found in the check-ups. In California, this benefit is called Medi-Cal for Kids and Teens.

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

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

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

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

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

Established patient: A patient who has an existing relationship with a provider and has gone to that provider within a specified amount of time established by the health plan.

Excluded services: Services that are not covered by the California Medi-Cal Program.

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



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Family planning services: Services to prevent or delay pregnancy.

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

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

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

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

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

Grievance: A member's verbal or written expression of dissatisfaction about GCHP, a provider, the quality of care, or the services provided. A complaint filed with GCHP about a network provider is an example of a grievance.

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

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

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from GCHP before you get care from the specialist.

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

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

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

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

Hospice: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less.



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

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

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

Indian Health Care Providers (IHCP): A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Health Program, Tribal Organization, or Urban Indian Organization (UIO) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. section 1603).

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

Intermediate care facility or home: Care provided in a long-term care facility or home that provides 24-hour residential services. Types of intermediate care facilities or homes include intermediate care facility/developmentally disabled (ICF/DD), intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), and intermediate care facility/developmentally disabled-nursing (ICF/DD-N).

Investigational treatment: A treatment drug, biological product, or device that has successfully completed phase one of a clinical investigation approved by the FDA but that has not been approved for general use by the FDA and remains under investigation in an FDA-approved clinical investigation.

Long-term care: Care in a facility for longer than the month of admission plus one month.

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

Medi-Cal for Kids and Teens: The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

Medi-Cal Rx: An FFS Medi-Cal pharmacy benefit service known as “Medi-Cal Rx” that provides pharmacy benefits and services, including prescription drugs and some medical supplies, to all Medi-Cal beneficiaries.

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

Medically necessary (or medical necessity): Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medical transportation: Transportation when you cannot get to a covered medical appointment or pick up prescriptions by car, bus, train, or taxi, and your provider prescribes it for you. GCHP pays for the lowest-cost transportation for your medical needs when you need a ride to your appointment.



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

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

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

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

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

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

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

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

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

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy, or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace attached outside the body to support or correct a badly injured or diseased body part that is medically necessary for the medical recovery of the member.

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

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

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

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

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



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Palliative care: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of 6 months or less.

Participating hospital: A licensed hospital with a contract with GCHP to provide services to members when a member gets care. The covered services that some participating hospitals might offer members are limited by GCHP's utilization review and quality assurance policies or GCHP's contract with the hospital.

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

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

Plan: Go to "Managed care plan."

Post-stabilization services: Covered services related to an emergency medical condition that are provided after a member is stabilized to keep the member stabilized. Post-stabilization care services are covered and paid for. Out-of-network hospitals might need pre-approval (prior authorization).

Pre-approval (or prior authorization): The process by which you or your provider must request approval from GCHP for certain services to make sure GCHP will cover them. A referral is not an approval. A pre-approval is the same as prior authorization.

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

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

Primary care: Go to "Routine care."

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Clinic



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Prior authorization (pre-approval): The process by which you or your provider must request approval from GCHP for certain services to ensure GCHP will cover them. A referral is not an approval. A prior authorization is the same as pre-approval.

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

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

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

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

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

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

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

Rehabilitative and habilitative therapy services and devices: Services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

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

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

Sensitive services: 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.

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

Service area: The geographic area GCHP serves. This includes Ventura County.

Skilled nursing care: Covered services provided by licensed nurses, technicians, or therapists during a stay in a skilled nursing facility or a member's home.



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

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

Specialty mental health services: Services for members with mental health services needs higher than a mild to moderate level of impairment.

Subacute care facility (adult or pediatric): A long-term care facility that provides comprehensive care for medically fragile persons who need special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

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

Tort recovery: When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable value of benefits provided to the member for that injury.

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

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



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