

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



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

2021 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 for free in other languages. Call the Member Services Department at 1-888-301-1228 Monday through Friday from 8 a.m. to 5 p.m., (excluding holidays) (TTY/TDD 1-888-310-7347 or 711). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other formats, such as braille, 18-point font large print and audio. Call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711]. The call is toll free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). The call is toll free.

العربية (Arabic)

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

Հայերեն (Armenian)

ՈՒՇԱԴԻՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-888-301-1228 (TTY (հեռատիպ)՝ 1-888-310-7347)։



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

繁體中文(Chinese)

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

ਪੰਜਾਬੀ (Punjabi)

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

हिंदी (Hindi)

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

Hmoob (Hmong)

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

日本語 (Japanese)

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

한국어 (Korean)

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

ໂປດຊາບ (Lao)

ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-301-1228 (TTY: 1-888-310-7347).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បរិស្ថានជាអ្នកនិយាយ ភាសាខ្មែរ, បសវនករជំនួយខ្លួនភាសា ប្រយោជន៍គិតគូរ គឺអាចមានសំរាប់បរិស្ថាន។ ចូរ ទូរស័ព្ទ 1-888-301-1228 (TTY: 1-888-310-7347)។

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-301-1228 (TTY: 1-888-310-7347) تماس بگیرید.

Русский (Russian)

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

Español (Spanish)

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

Tagalog (Tagalog – Filipino)

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

ภาษาไทย (Thai)

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

Tiếng Việt (Vietnamese)

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Notice of non-discrimination

Discrimination is against the law. Gold Coast Health Plan (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).
- Free language services to people whose primary language is not English, such as:
 - » Qualified interpreters.
 - » Information written in other languages.

If you need these services, contact GCHP Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays) by calling 1-888-301-1228. Or, if you cannot hear or speak well, please call 1-888-310-7347 or 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 on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with GCHP's Grievance and Appeals Department. You can file a grievance in writing, in person, or electronically:

- **By phone:** Contact Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays) by calling 1-888-301-1228. Or, if you cannot hear or speak well, please call 1-888-310-7347 or 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 GCHP's website at www.goldcoasthealthplan.org.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Office of Civil Rights – California Department of Health Care Services

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

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

Deputy Director, Office of Civil Rights

Department of Health Care Services

Office of Civil Rights

P.O. Box 997413, MS 0009

Sacramento, CA 95899-7413

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

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

Office of Civil Rights – U.S. Department of Health and Human Services

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

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697** 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 <http://www.hhs.gov/ocr/office/file/index.html>.

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Welcome to Gold Coast Health Plan!

Welcome to 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 and use your benefits and services. It also explains your rights and responsibilities as a member of GCHP. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of GCHP rules and policies and based on the contract between GCHP and Department of Health Care Services (DHCS). If you would like more information, call GCHP at 1-888-301-1228 (TTY/TDD 1-888-310-7247 or 711).

Call 1-888-301-1228 (TTY/TDD 1-888-310-7247 or 711) to ask for a copy of the contract between GCHP and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the GCHP website at www.goldcoasthealthplan.org to view the Member Handbook. You may also request, at no cost, a copy of the GCHP non-proprietary clinical and administrative policies and procedures, or how to access this information on the GCHP website.

Contact us

GCHP is here to help. If you have questions, call 1-888-301-1228 (TTY/TDD 1-888-310-7247 or 711). GCHP is here Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays). The call is toll 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 member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.



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Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website 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 any questions or concerns about your care, GCHP wants to hear from you!

Member services

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

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

If you need help, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). GCHP is here Monday through Friday from 8:00 a.m. to 5:00 p.m. (except holidays). The call is toll free.

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

Who can become a member

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 are receiving SSI/SSP. If you receive Supplemental Security Income (SSI), call the local Social Security Administration (SSA) office at 1-800-772-1213. If you use a TTY, call 1-800-325-0778.

Transitional Medi-Cal

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

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

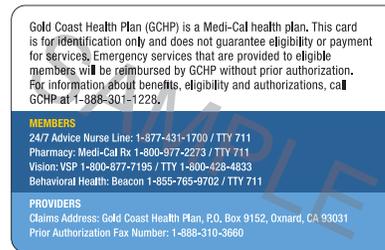
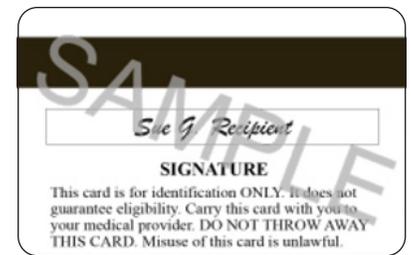
You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx or call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Identification (ID) cards

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



If you do not get your GCHP ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call member services right away. GCHP will send you a new card for free. Call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

Reporting a new address and/or telephone number

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

Ways to get involved as a member

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

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's 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/TDD 1-888-310-7347 or 711).



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

2. About your health plan

Health plan overview

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

You may 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/TDD 1-888-310-7347 or 711).

When your coverage starts and ends

During your first month as a GCHP member, you may receive a welcome letter from GCHP along with a list of GCHP providers. This list is called a Provider Directory. If you receive a Provider Directory, you must choose a clinic or doctor from the directory as your primary care provider (PCP). Next, you should notify GCHP Member Services which doctor or clinic that you chose. You can notify GCHP of your choice by calling Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You can also return your completed PCP Selection Form to GCHP. Members who do not choose a PCP (doctor or clinic) after 30 days will be assigned to one by GCHP.

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

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

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

GCHP ID cards for Administrative members will indicate "Administrative" as the PCP. If you are an Administrative member, you can get care from any willing GCHP doctor in Ventura County. If you want to see a doctor outside of the county, you will need to first get approval from GCHP. Your Medi-Cal coverage will need to be renewed every year. The county will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

GCHP is the health plan for Medi-Cal members in Ventura County. Your coverage with GCHP might change if you no longer have Medi-Cal or if you move out of the county. GCHP coverage may also end if your local county health and human services office receives information that changes your eligibility for Medi-Cal. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx. If you go to jail or prison, your coverage with GCHP will end. If you are not sure if you are still covered by GCHP, please call 1888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

Managed Long-Term Services and Supports (MLTSS)

Individuals dually eligible for Medicare and Medi-Cal must join a Medi-Cal managed care plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

Special considerations for American Indians in managed care

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may leave their Medi-Cal managed care plan and return to Fee-For-Service (FFS) Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at Indian Health Clinics (IHC). You may also stay with or disenroll from GCHP while getting health care services from these locations. For information on enrollment and disenrollment call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

How your plan works

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

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

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

Changing health plans

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

GCHP is the health plan for Medi-Cal beneficiaries in Ventura County. You will stop being a GCHP member only if you lose your Medi-Cal eligibility or if you move out of the GCHP service area. GCHP coverage may also end if your local county health and human services office changes how you qualify for Medi-Cal. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

College students who move to a new county

If you move to a new county in California to attend college, GCHP will cover emergency room and urgent care services in your new county for some conditions.

If you are enrolled in Medi-Cal and will attend college in a different county in California, you do not need to apply for Medi-Cal in that county.

When you temporarily move away from home to go to college in another county in California there are two options available to you. You may:

- Notify your local county social services office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. Use this choice if you want to get routine or preventive care in your new county. You may have to change health plans. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).

OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room and urgent care services in the new county for some conditions. To learn more, go to Section 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 are leaving California temporarily to attend college in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at your local county social services office. As long as you are eligible, Medi-Cal will cover emergencies in another state, and emergencies requiring hospitalization in Canada and Mexico if the service is approved and the doctor and hospital meet Medi-Cal rules. If you want Medicaid in another state, you will need to apply in that state. You will not be eligible for Medi-Cal and GCHP will not pay for your health care.

Continuity of care

As a member of GCHP, you will get your health care from providers in GCHP's network. In some cases, you may be able to go to providers who are not in the GCHP network, which is called continuity of care. If you have continuity of care, you will be able to go to the provider for up to 12 months, or more in some cases. If your providers do not join the GCHP network by the end of 12 months, you will need to switch to providers in the GCHP network.

Providers who leave GCHP

If your provider stops working with GCHP, you may be able to keep getting services from that provider. This is another form of continuity of care. Services GCHP provides for continuity of care include but are not limited to:

- Acute conditions.
- Chronic physical and behavioral conditions.
- Pregnancy.
- Maternal mental health services.
- Terminal illness.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- Care of a newborn child between birth and age 36 months.
- Performance of a surgery or other procedure that is authorized by GCHP as part of a documented course of treatment and has been recommended and documented by the provider.
- For other conditions that may qualify, contact Member Services at 1-888-301-1228; if you use TTY, call 1-888-310-7347.

Continuity of care is not available if you have not seen your doctor at least once during the last 12 months; your doctor is not willing to work with GCHP or if GCHP has documented quality of care concerns with your doctor. To learn more about continuity of care and eligibility qualifications, and to hear about all available services, call Member Services at 1-888-301-1228; if you use TTY, call 1-888-310-7347.

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. Members enrolled in California Children's Health Insurance Program (CCHIP) in Santa Clara, San Francisco and San Mateo counties and members in the Medi-Cal for Families Program may have a monthly premium and copayments. Except for emergency care, you may have to pay for care from providers who are out of the network. For a list of covered services, go to "Benefits and services."

For members with a share of cost

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

How a provider gets paid

GCHP pays providers in these ways:

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

To learn more about how GCHP pays providers, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

Other Health Coverage Premium Payment (OHCPP) Program

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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.

Asking GCHP to pay a bill

If you get a bill for a covered service, do not pay the bill. Call member services right away at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

If you pay for a service that you think GCHP should cover, you can file a claim. Use a claim form and tell GCHP in writing why you had to pay. Call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) to ask for a claim form. GCHP will review your claim to decide if you can get money back.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

3. How to get care

Getting health care services

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

You can begin to get health care services on your effective date of coverage. Always carry your GCHP ID card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards you have with you. Never let anyone else use your BIC or GCHP ID card.

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

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

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the GCHP network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 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 must ask GCHP for approval to send you to an out-of-network provider.

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

Initial health assessment (IHA)

GCHP recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA 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 medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. Children are able to receive much needed early preventive services like hearing and vision screening, assessments of developmental process and many more services that are recommended by pediatricians' Bright Futures guidelines. In addition to preventive care, routine care also includes care when you are sick. GCHP covers routine care from your PCP.

Your PCP will:

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

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

To learn more about health care and services your plan covers, and what it does not cover, read "Benefits and services" in this handbook.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments that do not need pre-approval (prior authorization) are available within 48 hours of your request for an appointment. If the urgent care services you need require pre-approval, you will be offered 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/TDD 1-888-310-7347 or 711). Or you can call the 24/7 Advice Nurse Line at 1-805-437-5001. The toll-free number is 1-877-431-1700. If you use a TTY, call 711. If possible, please have your member identification number or Medi-Cal recipient number ready when you call.

If you're calling for another GCHP member who is a family member or friend, please have that person near you in case the Advice Nurse has questions about their condition.

If you need urgent care out of the area, go to the nearest urgent care facility. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services. You do not need pre-approval (prior authorization). If you need mental health urgent care, call your county Mental Health Plan at 1-866-998-2243 or Member Services at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). You may call your county Mental Health Plan 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, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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. You have the right to use any hospital or other setting for emergency care.

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 that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts

Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24/7 Advice Nurse Line at 1-805-437-5001. The toll-free number is 1-877-431-1700. If you use a TTY, call 711.

If you need emergency care away from home, go to the nearest emergency room (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 to which you were admitted should call GCHP within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, GCHP will **not** cover your care.

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

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

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Sensitive care

Minor consent services

You may only get the following services without your parent or guardian's permission if you are 12 years old or older:

- Outpatient mental health care for:
 - » Sexual assault
 - » Physical assault
 - » When you have thoughts of hurting yourself or others
- HIV/AIDS prevention / testing / treatment
- Sexually transmitted infections prevention / testing / treatment
- Substance use disorder services

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

- Family planning / birth control (including sterilization)
- Abortion services

For pregnancy testing, family planning services, birth control, or sexually transmitted infection services, the doctor or clinic does not have to be part of the GCHP network. You can choose any provider and go to them for these services without a referral or pre-approval (prior authorization). Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 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 a TTY, call 711. 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. The toll-free number is 1-877-431-1700. If you use a TTY, call 711.

Adult sensitive services

As an adult (18 years or older), you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for the following types of care:

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

The doctor or clinic does not have to be part of the GCHP network. You can choose any provider and go to them without a referral or pre-approval (prior authorization) for these services. Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

1-888-301-1228 (TTY/TDD 1-888-310-7347 or 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 a TTY, call 711.

Advance directives

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

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

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

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.

You can call GCHP at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) for more information.

Organ and tissue donation

Adults 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 U.S. Department of Health and Human Services website at www.organdonor.gov.

Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also go to your PCP for care when you are sick.

Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call the 24/7 Advice Nurse Line at 1-805-437-5001. The toll-free number is 1-877-431-1700. If you use a TTY, call 711.

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

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

Moral objection

Some providers have a moral objection to some covered services. This means they have a right to not 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 work with you to find a provider.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Some hospitals and other providers do not offer one or more of the services listed below. These services are available and GCHP must ensure you or your family member sees a provider or is admitted to a hospital that will perform the following covered services:

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

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call GCHP at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) to make sure you can get the health care services you need.

Provider Directory

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

The GCHP Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, long-term services and supports (LTSS), Freestanding Birth Centers (FBCs), Indian Health Service Facilities (IHF) and Rural Health Clinics (RHCs).

The Provider Directory has GCHP network provider names, specialties, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. If you want information about a doctor's education, training, and board certification, please call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 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/TDD 1-888-310-7347 or 711).

Provider network

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

Note: American Indians may choose an IHC as their PCP.

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/TDD 1-888-310-7347 or 711). For more about moral objections, read the "Moral objection" section earlier in this chapter.

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

In network providers

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

To get a Provider Directory of network providers, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). You can also find the Provider Directory online at www.goldcoasthealthplan.org.

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

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

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

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

GCHP may give you 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 GCHP gives you a referral to an out-of-network provider, GCHP will pay for your care.

If you need help with out-of-network services, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 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/TDD 1-888-310-7347 or 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 services requiring hospitalization, GCHP will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, GCHP will **not** cover your care.

Note: American Indians may get services at out-of-network IHCs.

Selecting Kaiser Permanente as your PCP

You may be able to choose Kaiser Permanente (Kaiser) as your PCP if the following conditions are met:

1. You must reside within Kaiser's service area,
2. You have been a Kaiser member within the last six months, or
3. A newborn baby has a mother who is a GCHP member and is assigned to Kaiser as her PCP, or
4. A qualified, immediate family member is living in the same home as a current Kaiser member with one of the following qualifiers:
 - » A spouse (including domestic partners)
 - » An unmarried dependent child under 21 years of age



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- » A disabled dependent over 21 years of age (parent or guardian must be the conservator with court-ordered legal power of attorney)
- » Married / unmarried / stepparents of children under 21 years of age
- » Foster child or stepchild
- » Legal Guardian
- » A grandparent, parent, guardian or other relative who applied for Medi-Cal on behalf of a child under 21 years of age and is eligible to enroll in Kaiser as a qualified family addition based on having the same Medi-Cal case number as the child.

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

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

Doctors

You will choose your doctor or a primary care provider (PCP) from the GCHP Provider Directory. The doctor you choose must be a participating provider. This means the provider is in the GCHP network. To get a copy of the GCHP Provider Directory, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). Or find it online at www.goldcoasthealthplan.org.

If you are choosing a new doctor, you should also call to make sure the PCP you want is 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 may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

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

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

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/TDD 1-888-310-7347 or 711).

Hospitals

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

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Timely access to care

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 appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-doctor)	10 business days
Non-urgent appointment for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes

Travel time and distance to care

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

If GCHP is not able to provide care to you within these travel time and distance standards, DHCS may approve a different standard, called an alternative access standard. For GCHP's time and distance standards for where you live, visit www.goldcoasthealthplan.org. Or, call 1-888-301-1228 (1-888-310-7347 or 711).

If you need care from a provider and that provider is located far from where you live, call member services at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). They can help you find care with a provider located closer to you. If GCHP cannot find care for you with 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.

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Primary care provider (PCP)

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

You can choose an Indian Health Clinic (IHC), Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you may be able to choose one PCP for your entire family who are members of GCHP.

If you do not choose a PCP within 30 days of enrollment, GCHP will assign you to a PCP. If you are assigned to a PCP and want to change, call 1-888-301-1288 (TTY/TDD 1-888-310-7347 or 711). The change happens the first day of the next month.

Your PCP will:

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

You can look in the Provider Directory to find a PCP in the GCHP network. The Provider Directory may have a list of IHFs, FQHCs and RHCs that work with GCHP if contracted.

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/TDD 1-888-310-7347 or 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 he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the GCHP provider network and is taking new patients.

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

To change your PCP, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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

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 translation, language assistance or interpreting services, if needed.
- Be on time for your appointment.
- Call right away if you cannot keep your appointment or will be late.
- Have your questions and medication information ready in case you need them.

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

Payment

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

If you do get a bill, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). Tell GCHP the amount charged, the date of service and the reason for the bill. You are not responsible to pay a provider for any amount owed by GCHP for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary, not available in the network and pre-authorized by GCHP.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also 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 money back. For questions or to ask for a claim form, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

Referrals

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

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

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

If you have a health problem that needs special medical care for a long time, you may need a standing referral.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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/TDD 1-888-310-7347 or 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)
- Acupuncture
- Chiropractic services (an authorization may be required when provided by out-of-network FQHCs, RHCs and IHCs)
- Podiatry services
- Eligible dental services
- Initial mental health assessment

Minors also do not need a referral for:

- Outpatient mental health services for:
 - » Sexual assault
 - » Physical assault
 - » When you have thoughts of hurting yourself or others (minors 12 years or older)
- Pregnancy care
- Sexual assault care
- Substance use disorder treatment (minors 12 years or older)

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 prior authorization, prior approval, or pre-approval. It means that GCHP must make sure that the care is medically necessary or needed.

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

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- Hospitalization, if not an emergency
- Services out of the GCHP service area, if not an emergency or urgent
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h) (1), GCHP will decide routine pre-approvals (prior authorizations) within five working days of when GCHP gets the information reasonably needed to decide.

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

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

GCHP will contact 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 and out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for sensitive services, such as family planning, HIV/AIDS services, and outpatient abortions.

Second opinions

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

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

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

If there is no provider in the GCHP network to 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 face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, GCHP will decide within 72 hours.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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

Women's health specialists

You may go to a women's health specialist within GCHP network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 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 a TTY, call 711.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

4. Benefits and services

What your health plan covers

This section 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 GCHP for pre-approval (prior authorization) if the care is out-of-network except for sensitive services, emergencies or urgent care services. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask GCHP for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury. For more details on your covered services, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

GCHP offers services such as:

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

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

Medi-Cal benefits

Outpatient (ambulatory) services

- **Adult Immunizations**

You can get adult immunizations (shots) from a network pharmacy or network provider without



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

pre-approval. GCHP covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

- **Allergy care**

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

- **Anesthesiologist services**

GCHP covers anesthesia services that are medically necessary when you get outpatient care.

For dental procedures, the following services are covered when authorized by GCHP:

- » IV sedation or general anesthesia services administered by a medical professional
- » Facility services related to the sedation or anesthesia in an outpatient surgical center, Federally Qualified Health Center (FQHC), dental office, or hospital setting

- **Chiropractic services**

GCHP covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month. GCHP may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- » Children under age 21
- » Pregnant women through the end of the month that includes 60-days following the end of a pregnancy
- » Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- » All members when services are provided at hospital outpatient departments, FQHCs or RHCs that are in the GCHP's network

- **Dialysis / hemodialysis services**

GCHP covers dialysis treatments. GCHP also covers hemodialysis (chronic dialysis) services if your PCP or specialist approves it.

- **Outpatient surgery**

GCHP covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures must have 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 the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg controlling the functions of the foot.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- **Treatment therapies**

GCHP covers different treatment therapies, including:

- » Chemotherapy
- » Radiation therapy

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. Or telehealth may involve sharing information with your provider without a live conversation. You can receive many services through telehealth. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You can contact your provider to learn which types of services may be available through telehealth.

Mental health services

- **Outpatient mental health services**

- » GCHP covers a member for an initial mental health assessment without needing pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in GCHP's Managed Behavioral Health Organization (Beacon Health Options) network without a referral.
- » Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within GCHP's Managed Behavioral Health Organization (Beacon Health Options) network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, GCHP can provide 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 for the purposes of monitoring medication therapy
 - › Outpatient laboratory, medications, supplies and supplements
 - › Psychiatric consultation
- » For help finding more information on mental health services provided by GCHP, call Beacon Health Options at 1-855-765-9702 (TTY/TDD 1-800-735-2929 or 711).
- » If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to get an assessment. To learn more, read the "What your health plan does not cover" section in this handbook.

Emergency services

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

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

- » Serious risk to your health; **or**
- » Serious harm to bodily functions; **or**



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- » Serious dysfunction of any bodily organ or part; **or**
- » In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
 - › There is not enough time to safely transfer you to another hospital before delivery.
 - › The transfer may pose a threat to your health or safety or to that of your unborn child.

A pharmacist or hospital emergency room may give you a 72-hour emergency supply of a prescription drug if they think you need it. GCHP will pay for the emergency supply.

- **Emergency transportation services**

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

Hospice and palliative care

GCHP covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts. Adults may not receive both hospice care and palliative care services at the same time.

Hospice care is a benefit that services terminally ill members. Hospice care requires the member to have a life expectancy of six 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
- Drugs and biological services
- Counseling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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 procedures.

- **Inpatient hospital services**

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

- **Surgical services**

GCHP covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

GCHP covers these maternity and newborn care services:

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

Prescription drugs

Covered drugs

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

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

To find out if a drug is on the GCHP PDL or to get a copy of the PDL, call GCHP Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You can also call GCHP Pharmacy Services at 1-855-297-2870; if you use a TTY, call 711. You may also find the PDL at www.goldcoasthealthplan.org.

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

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Pharmacies

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

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

The Provisional Postpartum Care Extension Program

The Provisional Postpartum Care Extension (PPCE) Program provides extended coverage for Medi-Cal members who have a maternal mental health condition during pregnancy or the time period after pregnancy.

GCHP covers maternal mental health care for women during pregnancy and for up to two months after the end of pregnancy. The PPCE program extends that coverage for up to 12 months after the diagnosis or from the end of the pregnancy, whichever is later.

To qualify for the PPCE program, your doctor must confirm your diagnosis of a maternal mental health condition within 150 days after the end of pregnancy. Ask your doctor about these services if you think you need them. If your doctor thinks you should have the services from PPCE, your doctor completes and submits the forms for you.

Rehabilitative and habilitative (therapy) services and devices

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

The plan covers:

- **Acupuncture**
GCHP covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.
- **Audiology (hearing)**
GCHP covers audiology services. Outpatient audiology is limited to two services per month.
- **Behavioral health treatments**
Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual.

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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

- ***Cancer clinical trials***

GCHP covers routine patient care costs for patients accepted into Phase I, Phase II, Phase III or Phase IV clinical trials if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

- ***Cardiac rehabilitation***

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. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. GCHP does not cover comfort, convenience or luxury equipment, features and supplies, and other items not generally used primarily for health care.

- ***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 and parenteral nutrition products are covered when medically necessary.

- ***Hearing aids***

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

- ***Home health services***

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

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

GCHP covers medical supplies that are prescribed by a doctor.

- ***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 services per calendar year without authorization. Additional services require prior authorization as medically necessary.

- ***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. This includes implanted hearing devices,



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breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

- ***Ostomy and urological supplies***

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

- ***Physical therapy***

GCHP covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications. GCHP has expanded this benefit to 10 services per calendar year without prior authorization. GCHP may pre-approve (prior authorization) additional services as medically necessary.

- ***Pulmonary rehabilitation***

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

- ***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, disease, or breast reconstruction after a mastectomy. Some limitations and exceptions may apply.

- ***Skilled nursing facility services***

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

- ***Speech therapy***

GCHP covers speech therapy that is medically necessary. Speech therapy requires prior authorization.

- ***Transgender Services***

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

Laboratory and radiology services

GCHP covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures, such as CT scans, MRI 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
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- 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 enable them to determine the number and spacing of children. These services include all methods of birth control approved by the Federal Food and Drug Administration. GCHP's PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with GCHP without having to get pre-approval (prior authorization) from GCHP. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

Diabetes Prevention Program

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

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

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

Substance use disorder services

The plan covers:

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

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services that are recommended by pediatricians' Bright Futures guidelines to help you or your child stay healthy. These services are at no cost to you.
- If you or your child are under 21 years old, GCHP covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
- GCHP will make appointments and provide transportation to help children get the care they need.
- Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help you or your child's doctor look for any problems with your or your child's medical, dental, vision, hearing, mental health, and any substance use disorders. GCHP covers screening services (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child's regular check-up. Also, preventive care can be shots you or your child need. GCHP must make sure that all enrolled children get needed shots at the time of any health care visit. Preventive care services and screenings are available at no cost and without pre-approval (prior authorization).



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- When a physical problem or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and GCHP is responsible for paying for the care, then GCHP covers the care at no cost to you. These services include:
 - » Doctor, nurse practitioner, and hospital care.
 - » Shots to keep you healthy.
 - » Physical, speech / language, and occupational therapies.
 - » Home health services, which could be medical equipment, supplies, and appliances.
 - » Treatment for vision and hearing, which could be eyeglasses and hearing aids.
 - » Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities.
 - » Case management and health education.
 - » Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.
- Care coordination to help you or your child get the right care even if GCHP is not responsible for paying for that care. These services include:
 - » Treatment and rehabilitative services for mental health and substance use disorders.
 - » Treatment for dental issues, which could be orthodontics.

Vision services

The plan covers:

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

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) to get to your appointments when it's a Medi-Cal covered service. If you cannot get to your medical, dental, mental health, substance use, and pharmacy appointment by car, bus, train or taxi, you can ask your doctor for NEMT. Your doctor will decide the correct type of transportation to meet your needs.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. GCHP allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you 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.

NEMT must be used when:

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

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Limits of NEMT

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under Medi-Cal when a provider has prescribed it for you. Some pharmacy services are covered under NEMT such as pharmacy trips for medication. For more information or to ask for NEMT services related to pharmacy, please call GCHP at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) or Ventura Transit Systems (VTS) at 1-855-628-7433; if you use a TTY, call 711. If the appointment type is covered by Medi-Cal but not through the health plan, GCHP will provide or help you schedule your transportation.

What does not apply?

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

Cost to member

There is no cost when transportation is authorized by GCHP.

Non-medical transportation (NMT)

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

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

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

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

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

Note: American Indians may contact their local IHC to request NMT services.

Limits of NMT

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

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver.
- The service is not covered by Medi-Cal.

Cost to member

There is no cost when transportation is provided by GCHP.

Long-term services and supports (LTSS)

GCHP covers these LTSS benefits for members who qualify:

- Skilled nursing facility services as approved by GCHP
- Home and Community Based Services as approved by GCHP

Care coordination

GCHP offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

Other Medi-Cal programs and services

Health Education

GCHP offers health education resources and information as a benefit to you. Members receive a newsletter, *Winning Health*, in English and Spanish. The newsletter is mailed to you and contains various health education options of interest to you and your family. Member may also request health education materials directly by calling the Health Education Department at 1-805-437-5718; if you use a TTY, call 1-888-310-7347, or by email at: HealthEducation@goldchp.org.

Smoking Cessation

GCHP offers free nicotine products and other tobacco cessation medications to help you quit smoking. To receive these products, talk to your doctor about the best method for you. Members can also call California Smoker's Helpline at **1-800-NO-BUTTS (1-800-662-8887)**; for Spanish, call **1-800-45-NO-FUME (1-800-456-6386)** for information on how to quit smoking.

Breastfeeding

GCHP covers maternity and newborn care services. Breastfeeding has many benefits for you and your baby. Breastmilk provides all the nourishment you baby needs. If you would like more information about breastfeeding and breast pumps, please contact your provider and/or GCHP's Member Services Department.

Cultural and Linguistic Services

GCHP knows the importance of being able to communicate with your doctor so you can understand your health. GCHP offers free interpreting and translation services.

It is important to use qualified interpreters at your medical visits. GCHP strongly discourages the use of family or friends – mainly children – as interpreters.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

GCHP offers these language assistance services:

- Sign language interpreter.
- In-person interpreter.
- Telephone interpreter.
- Translation (written).
- Alternative formats such as Braille, font size, text and audio.

GCHP's Cultural and Linguistic Services team is here to help you. For questions or to get language assistance services call 1-805-437-5603; if you use a TTY, call 1-888-310-7347, or email CulturalLinguistics@goldchp.org.

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 medical necessity rules. SMHS may include these outpatient, residential and inpatient services:

- Outpatient services:
 - » Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - » Medication support services
 - » Day treatment intensive services
 - » Day rehabilitation services
 - » Crisis intervention services
 - » Crisis stabilization services
 - » Targeted case management services
 - » Therapeutic behavioral services (covered for members under 21 years old)
 - » Intensive care coordination (ICC) (covered for members under 21 years old)
 - » Intensive home-based services (IHBS) (covered for members under 21 years old)
 - » Therapeutic foster care (TFC) (covered for members under 21 years old)
- Residential services:
 - » Adult residential treatment services
 - » Crisis residential treatment services
- Inpatient services:
 - » Acute psychiatric inpatient hospital services
 - » Psychiatric inpatient hospital professional services
 - » Psychiatric health facility services

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

Substance use disorder services

The county provides substance use disorder services to Medi-Cal members who meet medical necessity rules. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. To find all counties' telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Dental services

Medi-Cal covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior / posterior)
- Crowns (prefabricated / laboratory)
- Scaling and root planning
- Periodontal maintenance
- Complete and partial dentures
- Orthodontics for children who qualify
- 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/TDD 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at www.denti-cal.ca.gov.

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, he or she will be referred to the CCS county program to be assessed for eligibility.

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

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

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

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip / palate



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

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

To learn more about CCS, you can visit the CCS web page at www.dhcs.ca.gov/services/ccs or call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

Institutional long-term care

GCHP covers long-term care services that are medically necessary. To learn more, call 1-888-301-1228 (TTY 1-888-310-7347 or 711).

Services you cannot get through GCHP or Medi-Cal

There are some services that neither GCHP nor Medi-Cal will cover, including, but not limited to:

- Experimental services
- Fertility preservation
- In Vitro Fertilization (IVF)
- Permanent home modifications
- Vehicle modifications
- Cosmetic Surgery

To learn more call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

5. 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 that you have a right to as a member of GCHP.

Your rights

GCHP members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services and member rights and responsibilities.
- To be able to choose a primary care provider within GCHP's network. You may change your PCP every month if you are not happy with them.
- To have timely access to network providers.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care you got.
- To get care coordination.
- To ask for an appeal of decisions to deny, defer or limit services or benefits.
- To get free oral interpretation 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 written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To 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 §164.524 and 164.526.
- 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 pursuant to the federal law.
- To make suggestions to GCHP about your member rights and responsibilities.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- 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.
- 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.
- 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 / if you use a TTY, call 1-888-310-7347 if you do not know how to use your benefits or if you have any problems with services needed or received.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Notice of Privacy Practices

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

Notice of Privacy Practices-HIPAA

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

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 maintains. If GCHP needs to make any changes, you will be provided with 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?

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 payment 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.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Why is GCHP contacting you?

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.

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 the disclosure of 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 requested by its members unless the request 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 that 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 why in writing. You have the right to appeal the denial.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- 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 from 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 the purposes of 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 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.

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

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 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.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

Notice about Medi-Cal as a payer of last resort

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

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

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

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

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

Medi-Cal members may also have other health coverage (OHC) provided to them at no cost. By law, members are required to exhaust all services provided by the OHC before using services through the MCP. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. Federal and state laws require Medi-Cal members to report private health insurance. To report or change private health insurance, go to <http://dhcs.ca.gov/mymedi-cal>. Or go through your health plan. Or call 1-800-541-5555 (TTY/TDD 1-800-430-7077 or 711). Outside of California, call 1-916-636-1980. If you do not report changes to your OHC promptly, and because of this, get Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

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

To learn more about the estate recovery, go to <http://dhcs.ca.gov/er>. Or call 1-916-650-0490 or get legal advice.

Notice of Action

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

6. Reporting and solving problems

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

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

You have the right to file grievances and appeals with GCHP to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact GCHP first to let us know about your problem. Call us Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays) at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). Tell us about your problem.

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

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

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

Complaints

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

- **By phone:** Call GCHP at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays). Give your health plan ID number, your name and the reason for your complaint.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

- **By mail:** Call GCHP at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:
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. Go to www.goldcoasthealthplan.org.

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

Within five days of getting your complaint, we will send you a letter letting you know 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 that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) and we will make a decision within 72 hours of receiving your complaint.

Appeals

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

You must file an appeal within 60 calendar days from the date on the NOA you got from GCHP. If you are currently getting treatment and you want to continue getting treatment, then you must ask GCHP for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date GCHP says services will stop. When you request an appeal under these circumstances, treatment will continue upon your request. We may require you to pay for the cost of services if the final decision denies or changes a service.



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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

- **By phone:** Call GCHP at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays). Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call GCHP at 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

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

Your doctor's office will have appeal forms available.

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

If you need help filing your appeal, we can help you. We can give you free language services. Call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711).

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

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711). We will make a decision within 72 hours of receiving your appeal about whether we will expedite your appeal.

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

If you filed an appeal and got a letter from GCHP telling you we did not change our decision, or you never got a letter telling you of our decision 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.

You will not have to pay for a state hearing.

The sections below have more information on how to ask for a state hearing.

State Hearings

A state hearing is a meeting with people from the California Department of Social Services (CDSS). A judge will help to resolve your problem or tell you that GCHP made the correct decision. You have the right to ask for a state



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hearing if you have already filed an appeal with GCHP and you are still not happy with the decision or if you did not get a decision on your appeal after 30 days.

You must ask for a state hearing within 120 days from the date on GCHP's notice telling you of the appeal decision. Your PCP can ask for a state hearing for you with your written permission.

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

- **By phone:** Call the CDSS Public Response Unit at 1-800-952-5253 (TTY/TDD 1-800-952-8349 or 711).
- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:

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

If you need help asking for a state hearing, we can help you. GCHP can give you free language services. Call 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 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 the 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 or your PCP can contact the CDSS and ask for an expedited (fast) state hearing. CDSS must make a decision no later than 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 right to report it by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at www.dhcs.ca.gov/.

Provider fraud, waste and abuse includes:

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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

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

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

Send your report to:

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

You can also make a report by:

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

7. Important numbers and words to know

Important phone numbers

- GCHP member services: 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711)
- Beacon Health Options, behavioral health services: 1-855-765-9702
- Vision Service Plan (VSP), vision services: 1-800-877-7195
- 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
- Social Security Administration / Medicare: 1-800-772-1213
- OptumRx, GCHP's pharmacy benefit manager: 1-855-297-2870

Words to know

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

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

American Indian: An individual, defined at title 25 of the U.S.C. sections 1603(c), 1603(f), 1679(b) or who has been determined eligible, as an Indian, pursuant to 42 C.F.R. 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian health care providers (Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization—I/T/U) or through referral under Contract Health Services.

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 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 diseases and health problems.

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



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

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

Chiropractor: A provider who treats the spine by means of manual manipulation.

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

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

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

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

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

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

County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. 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.

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

Coverage (covered services): The health care services provided to members of GCHP, 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 state Department of Health Care Services. This is the state office that oversees the Medi-Cal program.

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



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

Early and periodic screening, 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.

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

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

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

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

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

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

Family planning services: Services to prevent or delay pregnancy.

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

Fee-For-Service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept "straight" Medi-Cal and bill Medi-Cal directly for the services you got.

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

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

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

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or



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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, or the services provided. A complaint 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 Options (HCO): The program that can enroll or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with 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.

Types of health care providers include, but are not limited to:

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



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- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

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

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

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

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

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

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

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

Indian Health Clinic (IHC): A health clinic operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization.

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

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

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

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

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

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

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



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

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

Network: A group of doctors, clinics, hospitals and other providers contracted with 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-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment and/or to pick up prescriptions by car, bus, train or taxi. GCHP pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

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

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider 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 and/or Medicare supplemental plans (Part C & D).

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

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

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

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

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

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



Call member services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347 or the California Relay Line at 711. The call is toll free. GCHP is open Monday through Friday from 8 a.m. to 5 p.m. Visit the website at www.goldcoasthealthplan.org.

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

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

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with GCHP to offer covered services to members at the time a member 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 in a hospital that are 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 maintain the stabilized condition. Post-stabilization care services are covered and paid for.

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

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. Some care needs to be approved first, unless:

- You have an emergency
- You need OB/GYN care
- You need sensitive services
- You need family planning services/birth control

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner



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- Ob/gyn
- Indian Health Clinic (IHC)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

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

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

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

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

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

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

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

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval (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 for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.



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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 and/or therapists during a stay in a Skilled Nursing Facility or in a member's home.

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

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

Specialty mental health services: Services for members who have mental health services needs that are a higher level of impairment than mild to moderate.

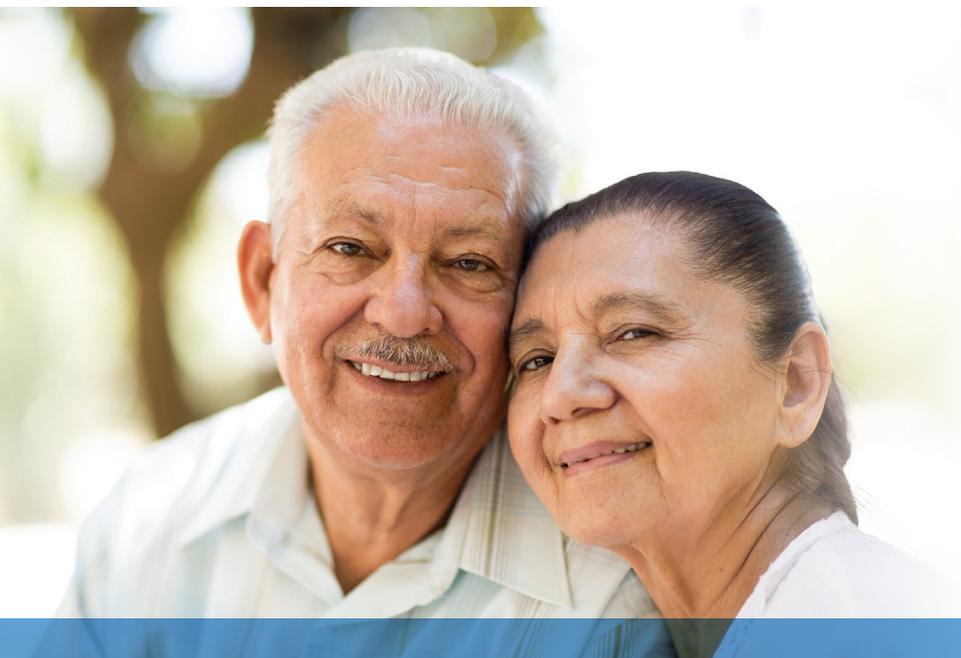
Terminal illness: A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

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

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



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