

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



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

2022 MEMBER HANDBOOK

What you need to know
about your benefits

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages at no cost to you. Call the Member Services Department at 1-888-301-1228 Monday through Friday from 8 a.m. to 5 p.m., (excluding holidays). If you use a TTY/TDD, call 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 in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. The call is toll free.

Interpreter services

GCHP provides both written and oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters, unless it is an emergency. Interpreter, linguistic and cultural services are available at no cost to you. Help is available 24 hours a day, seven days a week. For language help or to get this handbook in a different language, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. The call is toll free.

English Tagline

ATTENTION: If you need help in your language, call 1-888-301-1228 (TTY: 1-888-310-7347). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-301-1228 (TTY: 1-888-310-7347). These services are free of charge.



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

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-301-1228 (TTY: 1-888-310-7347). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-888-301-1228 (TTY: 1-888-310-7347). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-301-1228 (TTY: 1-888-310-7347): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-888-301-1228 (TTY: 1-888-310-7347): Այդ ծառայություններն անվճար են:

ພາສາម្ពុលជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-301-1228 (TTY: 1-888-310-7347)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-888-301-1228 (TTY: 1-888-310-7347)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-888-301-1228 (TTY: 1-888-310-7347)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-888-301-1228 (TTY: 1-888-310-7347)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-301-1228 (TTY: 1-888-310-7347) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-301-1228 (TTY: 1-888-310-7347) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.



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

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-301-1228 (TTY: 1-888-310-7347) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-301-1228 (TTY: 1-888-310-7347) पर कॉल करें। ये सेवाएं निः शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-301-1228 (TTY: 1-888-310-7347). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-301-1228 (TTY: 1-888-310-7347). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-888-301-1228 (TTY: 1-888-310-7347)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-888-301-1228 (TTY: 1-888-310-7347)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-301-1228 (TTY: 1-888-310-7347) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-301-1228 (TTY: 1-888-310-7347) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



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

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ
1-888-301-1228 (TTY: 1-888-310-7347).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-888-301-1228 (TTY: 1-888-310-7347). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-301-1228 (TTY: 1-888-310-7347). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-888-301-1228 (TTY: 1-888-310-7347). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-301-1228 (TTY: 1-888-310-7347). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-888-301-1228 (TTY: 1-888-310-7347). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-301-1228 (линия TTY: 1-888-310-7347). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-301-1228 (линия TTY: 1-888-310-7347). Такие услуги предоставляются бесплатно.



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

Mensaje en español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-888-301-1228 (TTY: 1-888-310-7347). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-301-1228 (TTY: 1-888-310-7347). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-301-1228 (TTY: 1-888-310-7347). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-301-1228 (TTY: 1-888-310-7347). Libre ang mga serbisyonang ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-301-1228 (TTY: 1-888-310-7347) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-301-1228 (TTY: 1-888-310-7347) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-301-1228 (TTY: 1-888-310-7347). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-301-1228 (TTY: 1-888-310-7347). Ці послуги безкоштовні.



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

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-301-1228 (TTY: 1-888-310-7347). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-888-301-1228 (TTY: 1-888-310-7347). Các dịch vụ này đều miễn phí.



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

Welcome to Gold Coast Health Plan!

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

Member Handbook

This Member Handbook tells you about your coverage under GCHP. Please read it carefully and completely. It will help you understand 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 state Department of Health Care Services (DHCS). If you would like more information, call GCHP at 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Call 1-888-301-1228 to ask for a copy of the contract between GCHP and DHCS. If you use a TTY/TDD, call 1-888-310-7347 or 711. 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 to you, 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. If you use a TTY/TDD, call 1-888-310-7347 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. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online 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. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at www.goldcoasthealthplan.org.

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1. Getting started as a member

How to get help

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

Member services

GCHP member services 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.
- Help you get health education materials.

If you need help, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. (except holidays). The call is toll free. GCHP must make sure that you wait less than 10 minutes when calling.

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

Who can become a member

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 Supplemental Security Income (SSI) / State Supplementary Payment (SSP). If you receive 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.

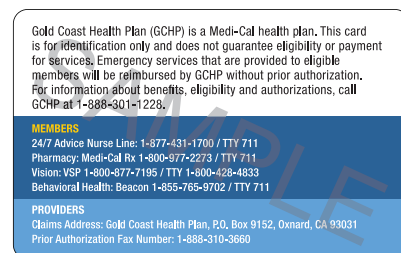


Call Member Services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at www.goldcoasthealthplan.org.

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).

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), that the state of California sent you, when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here are sample BIC and GCHP ID cards to show you what yours will look like:



If you do not get your GCHP ID card within a few weeks after your enrollment date, or if your card is damaged, lost or stolen, call member services right away. GCHP will send you a new card at no cost to you. Call 1-888-301-1228. If you use a TTY/TDD, call 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.



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

2. About your health plan

Health plan overview

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

You may talk to a GCHP Member Services representative to learn more about the health plan and how to make it work for you. Call 1-888-301-1228. If you use a TTY/TDD, call 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's Member Services Department of your choice. You can notify GCHP by calling Member Services at 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. You can also return your completed PCP Selection Form to GCHP. Members who do not choose a PCP (doctor or clinic) after 30 days will be assigned to one by GCHP.

You will be assigned to 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-necessary services. Prior authorization requirements apply even if you are not assigned to a PCP.

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

- Share of Cost (SOC): A member who has Medi-Cal with 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 get approval from GCHP first.



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

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

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

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

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

If you lose your GCHP Medi-Cal coverage, you may still be eligible for Fee-for-Service (FFS) Medi-Cal coverage. If you are not sure if you are still covered by GCHP, please call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

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 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 Care Provider (IHCP). You may also stay with or disenroll from GCHP while getting health care services from these locations. For information on enrollment and disenrollment call the Ventura County Human Services Agency (HSA) at 1-888-472-4463. If you use a TTY/TDD, call 1-800-735-2922.

How your plan works

GCHP is a managed care health plan contracted with DHCS. 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, and other health care providers in the GCHP service area to give health care to you, the member. While you are a member of GCHP, you may be eligible to get some additional services provided through FFS Medi-Cal. These include outpatient prescriptions, non-prescription drugs and some medical supplies through FFS Medi-Cal Rx.

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, how to request no-cost interpreting services, 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. To learn more and for times and locations of the meetings, call Member Services at 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. You can also find information on 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. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online 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.

College students who move to a new county or out of California

If you move to a new county in California to attend college, GCHP will cover emergency room and urgent care (UC) services in your new county. Emergency services and UC are available to all Medi-Cal enrollees statewide regardless of county of residence. UC centers must be willing to bill GCHP and accept Medi-Cal Fee-For-Service reimbursement rates. If the UC is not willing to bill GCHP, services may not be covered or reimbursed.

Routine and preventive care are covered only in your county of residence.

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 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 Chapter 3, "How to get care." For routine or preventive health care, you would need to use the GCHP regular network of providers located in the head of the household's county of residence.

If you 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 emergency services and urgent care in another state. UC centers must be willing to bill GCHP and accept Medi-Cal Fee-For-Service reimbursement rates. If the UC is not willing to bill GCHP, services may not be covered or reimbursed. GCHP will also cover emergency care that results in hospitalization in Canada and Mexico if the service is approved and the doctor and hospital meet Medi-Cal rules. Routine and preventive care services, including prescription drugs, are not covered outside of California. 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.



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

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. This is called continuity of care. Call GCHP and tell us if you need to see a provider that is out of network. We will tell you if you have continuity of care. You are able to use continuity of care, for up to 12 months, or more in some cases, if all of the following are true:

- You have an ongoing relationship with the non-plan provider, prior to enrollment in GCHP.
- The non-plan provider is willing to work with GCHP and agrees to GCHP's requirements.
- You were seen by the non-plan provider at least once during the 12 months prior to your enrollment with GCHP for a non-emergency visit.
- You were seen by the non-plan provider at least once during the six months prior to the transition of services from a Regional Center to GCHP.
- GCHP does not have a documented quality of care concern with the non-plan provider.

If your providers do not join the GCHP network by the end of 12 months, do not agree to GCHP payment rates or do not meet quality of care requirements, you will need to switch to providers in the GCHP network or call member services at 1-888-301-1228 to discuss your options. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Providers who leave GCHP or non-plan providers

If you are being treated for certain health conditions by a provider who is not a GCHP provider or 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 (a medical issue that needs fast attention) – for as long as the condition lasts.
- Chronic physical and behavioral conditions (a medical issue you have for a long time) – for an amount of time required to finish the course of treatment and to arrange for a safe transfer to a new doctor in the GCHP network.
- Pregnancy – during the pregnancy and the immediate postpartum period.
- Maternal mental health services.
- Care of a newborn child between birth and age 36 months for up to 12 months from the start date of the coverage or the date the provider's contract ends with GCHP.
- Terminal illness (a life-threatening medical issue) – for as long as the illness lasts. Completion of covered services may exceed 12 months from the time the provider stops working with GCHP.
- Performance of a surgery or other medical procedure from a non-plan provider as long as it is covered, medically necessary and is authorized by GCHP as part of a documented course of treatment and has been recommended and documented by the provider – surgery or other medical procedure to take place within 180 days of the provider's contract termination date or 180 days from the effective date of coverage of a new member.

For other conditions that may qualify, contact Member Services at 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

If the non-plan provider is not willing to continue to provide services, does not agree on payment or other terms for providing care, then you will not be able to receive continued care from the provider. Call Member Services at 1-888-301-1228 for help selecting a contracted provider to continue with your care or if you have any questions



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

or problems in receiving covered services from a provider who is no longer part of GCHP. If you use a TTY/TDD, call 1-888-310-7347 or 711.

GCHP is not required to provide continuity of care for services not covered by Medi-Cal, durable medical equipment, transportation, other ancillary services and carved-out service providers. 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 a TTY/TDD, call 1-888-310-7347 or 711.

Costs

Member costs

GCHP serves people who qualify for Medi-Cal. In most cases, GCHP members do not have to pay for covered services, premiums or deductibles. 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, urgent care or sensitive care, you must get pre-approval from GCHP before you see a provider outside the GCHP network. If you do not get pre-approval and you go to a provider outside of the network for care that is not emergency care, urgent care or sensitive 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 long term care and a share of cost

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

How a provider gets paid

GCHP pays providers in these ways:

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

To learn more about how GCHP pays providers, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Other Health Coverage Premium Payment (OHCPP) Program

If you have a serious medical condition and 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/TDD, call 1-888-310-7347 or 711.



Call Member Services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online 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

Covered services are health care services that GCHP is responsible to pay for. If you get a bill for support services fees, copays or registration fees for a covered service, do not pay the bill. Call Member Services right away at 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Asking GCHP to pay you back for expenses

If you paid for services you already received and you want GCHP to reimburse you (pay you back), you must meet all of the following conditions:

- The service you received is a covered service that GCHP is responsible to pay for. GCHP will not reimburse you for a service that is not covered by either Medi-Cal or GCHP.
- You received the covered service after you became an eligible GCHP member.
- You ask to be paid back within one year from the date you received the covered service.
- You provide proof that you paid for the covered service, such as a detailed receipt from the provider.
- You received the covered service from a Medi-Cal enrolled provider in GCHP's network. You do not need to meet this condition if you received emergency services, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval.
- If the covered service normally requires pre-approval, you must provide proof from the provider that shows a medical need for the covered service.

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

GCHP will not pay you back if:

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



Call Member Services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online 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 enrollment. 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, as long as the PCP is available.

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. If you use a TTY/TDD, call 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. This is called a referral. You do not need approval to go to an out-of-network provider to get sensitive services that are described under the heading “Sensitive care” later in this chapter.

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

Pharmacy benefits are now administered through the Fee-For-Service (FFS) Medi-Cal Rx program. To learn more, read the “Other Medi-Cal programs and services” section in Chapter 4.

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. If you are in both Medicare and Medi-Cal, or if you have other health care insurance, you do not have to choose a PCP.



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

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

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

If you do not choose a PCP within 30 days of enrollment, GCHP will assign you to a PCP. If you are assigned to a PCP and want to change, call 1-888-301-1228. If you use a TTY/TDD, call 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 has a list of IHCPs, FQHCs and RHCs that work with GCHP.

You can find the GCHP Provider Directory online at www.goldcoasthealthplan.org. Or you can request a Provider Directory to be mailed to you by calling 1-888-301-1228. If you use a TTY/TDD, call 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 they can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the GCHP provider network and is taking new patients.

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

To change your PCP, call 1-888-301-1228. If you use a TTY/TDD, call 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.

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



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

Some things to think about when picking a PCP:

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

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.

If you have questions about IHA, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Routine care

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



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

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

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

Provider network

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

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

If your PCP, hospital or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. For more about moral objections, read the “Moral objection” section later in this chapter.

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

In network providers

You will use providers in the GCHP network for most of your health care needs. You will get preventive and routine care from 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. If you use a TTY/TDD, call 1-888-310-7347 or 711. You can also find the Provider Directory online at www.goldcoasthealthplan.org. To get a copy of the Contract Drug List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711). Or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

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

Except for emergency care or sensitive care, you must get pre-approval from GCHP before you see a provider outside the GCHP network. If you do not get pre-approval and you go to a provider outside of the network for care that is not emergency care or sensitive 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.



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

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

You must get pre-approval (prior authorization) before you go to an out-of-network provider inside the GCHP service area except for emergency care and sensitive care. For urgent care inside the GCHP service area, you must see a GCHP network provider. You do not need pre-approval to get urgent care from a network provider. If you do not get pre-approval, you may have to pay for the urgent care you get from an out-of-network provider inside the GCHP service area. For more information on emergency care, urgent care and sensitive care services, go to those headings in this chapter.

Note: If you are an American Indian, you can get care at an IHCP outside of our provider network without a referral.

If you need help with out-of-network services, call 1-888-301-1228. If you use a TTY/TDD, call 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. If you use a TTY/TDD, call 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.

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

If you are in another state, including US territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the US Virgin Islands), you are covered for emergency care, but not all hospitals and doctors accept Medicaid (Medicaid is what Medi-Cal is called in other states). If you need emergency care outside of California, tell the hospital or emergency room doctor that you have Medi-Cal and are a GCHP member as soon as possible. Ask the hospital to make copies of your GCHP ID card. Tell the hospital and the doctors to bill GCHP. If you get a bill for services you received in another state, call GCHP immediately. We will work with the hospital and/or doctor to arrange for GCHP to pay for your care.

If you are outside of California and have an emergency need to fill outpatient prescription drugs, then please have the pharmacy call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711) for assistance.

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



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

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
 - » 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 to be your primary care provider (PCP) from the GCHP Provider Directory. The doctor you choose must be a network provider. To get a copy of the GCHP Provider Directory, call 1-888-301-1228. If you use a TTY/TDD, call 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. If you use a TTY/TDD, call 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, or if you have other health care insurance, you do not have to choose a PCP.



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

If you want to change your PCP, you must choose a PCP from the GCHP Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-888-301-1228. If you use a TTY/TDD, call 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 or specialist will decide which hospital you go to. You will need to go to a hospital that your PCP or specialist uses and is in the GCHP provider network. The hospitals in the GCHP network are listed in the Provider Directory. Hospital admissions, other than emergencies, must have pre-approval (prior authorization).

Women's health specialists

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

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, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), Indian Health Care Providers (IHCPs) 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. If you use a TTY/TDD, call 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. If you use a TTY/TDD, call 1-888-310-7347 or 711.

You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711).



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

Timely access to care

Your provider must offer you an appointment within the time frames listed below.

Sometimes waiting longer for care is not a problem. Your provider may give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health.

Appointment Type	You Should Be Able to Get an Appointment Within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) appointments 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

Travel time and distance to care

GCHP must follow travel time or 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 or distance standards depend on the county you live in.

If GCHP is not able to provide care to you within these travel time or distance standards, DHCS may approve a different standard, called an alternative access standard. For GCHP's time or distance standards for where you live, visit www.goldcoasthealthplan.org. Or call 1-888-301-1228. If you use a TTY/TDD, call 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. If you use a TTY/TDD, call 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. If you need help with pharmacy providers, please call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711).

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



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

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 language assistance or interpreting services, if needed
- Be on time for your appointment, arriving a few minutes early to sign in, fill out forms and answer any questions your PCP may have
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

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

Getting to your appointment

If you don't have a way to get to and from your health care services and appointments, we can help arrange transportation for you. Transportation help is available for services and appointments that are not related to emergency services and you may be able to get a free ride. This service, called medical transportation, is not for emergencies. If you are having an emergency, call **911**.

Go to the section "Transportation benefits" for more information.

Canceling and rescheduling

If you can't make your appointment, call your provider's office right away. Most doctors ask you to call 24 hours (one business day) before your appointment if you have to cancel. If you miss repeated appointments, your doctor may not want to see you as a patient anymore.

Payment

You do not have to pay for covered services. In most cases, you will not get a bill from a provider. You must show your GCHP ID card and your Medi-Cal BIC when you get any health care services or prescriptions so your provider knows who to bill. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. If you get a bill for prescriptions, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711). Or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>. 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. You must get pre-approval (prior authorization) before you go to an out-of-network provider, except for emergency care or sensitive care and urgent care (within the GCHP service area).

If you do not get pre-approval, 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



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

you, as long as they are medically necessary, not available in the network and pre-approved by GCHP. For more information about emergency care, urgent care, and sensitive services, go to those headings in this chapter.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. If you pay the bill, you can call GCHP and request reimbursement. You will need to tell GCHP in writing why you had to pay for the item or service and submit proof of payment. GCHP will review your reimbursement request and decide if you can get money back. For questions, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

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

GCHP will not pay you back if:

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

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 they think you need treatment.

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

If you have trouble getting a standing referral or want a copy of the GCHP referral policy, call 1-888-301-1228. If you use a TTY/TDD, call 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 Office of Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (12 years of age or older)



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

- Sexually transmitted infection services (12 years of age or older)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs and IHCPs)
- Initial mental health assessment
- Podiatry services
- Eligible dental services

Minors can also get certain outpatient mental health services, sensitive services and substance use disorder services without parent's consent. For more information read "Minor consent services" and "Substance use disorder treatment services" in this handbook.

Ready to quit smoking? Call English: 1-800-300-8086 or Spanish: 1-800-600-8191 to find out how. Or go to www.kickitca.org.

Pre-approval (prior authorization)

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

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

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

- Hospitalization, if not an emergency
- Services out of the GCHP service area, if not an emergency or urgent
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments
- Medical transportation services when it is not an emergency. Emergency ambulance services do not require pre-approval.

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



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

Pre-approval (prior authorization) requests are reviewed by clinical or medical staff, such as doctors, nurses and pharmacists.

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.

For questions about pre-approval (prior authorization), call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

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, we will refer you to a qualified network provider who can give you a second opinion. For help choosing a provider, call 1-888-301-1228. If you use a TTY/TDD, call 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 tell you in writing within 72 hours.

If GCHP denies your request for a second opinion, you may file a grievance. To learn more about grievances, go to the “Complaints” heading in the chapter titled “Reporting and solving problems” in this handbook.

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 (minors age 12 or older):
 - » Sexual assault (no lower age limit)



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

- » Incest
- » Physical assault
- » Child abuse
- » When you have thoughts of hurting yourself or others (minors age 12 or older)
- HIV/AIDS prevention / testing / treatment
- Sexually transmitted infections prevention / testing / treatment
- Substance use disorder treatment services (minors age 12 or older). For more information see “Substance use disorder treatment services” in this handbook.

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:

- Pregnancy
- 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 Medi-Cal 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. If you use a TTY/TDD, call 1-888-310-7347 or 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 or toll free at 1-877-431-1700. If you use a TTY/TTD, 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

For certain sensitive or private care 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 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. You may also call the 24/7 Advice Nurse Line at 1-805-437-5001 or toll free at 1-877-431-1700. If you use a TTY/TTD, call 711.



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

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.

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

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

You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call GCHP at 1-888-301-1228 to ensure that you can obtain the health care services that you need. If you use a TTY/TDD, call 1-888-310-7347 or 711.

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 covered services. Call GCHP at 1-888-301-1228 if you have questions or need help finding a provider. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Urgent care

Urgent care is not for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization) and are available within 48 hours of your request for an appointment. If the urgent care services you need require a 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. If you use a TTY/TDD, call 1-888-310-7347 or 711. Or you can call the 24/7 Advice Nurse Line at 1-805-437-5001 or toll free at 1-877-431-1700 to learn the level of care that is best for you. If you use a TTY/TTD, 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 or Member Services at 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. You may call your county mental health plan at 1-866-998-2243 or your GCHP Behavioral Health Organization any time, 24 hours a day, seven days a week. To find all counties' toll-free telephone numbers online, visit <http://www.dhcs.ca.gov/individuals/Pages/MHPContaktList.aspx>.



Call Member Services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online 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, including in Canada and Mexico. Emergency care and other care in other countries are not covered.

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

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

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

If you need emergency care away from home, go to the nearest ER, even if it is not in the GCHP network. If you go to an ER, ask them to call GCHP. You or the hospital 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. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at www.goldcoasthealthplan.org.

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

Advice Nurse line

GCHP's Advice Nurse Line gives you free medical information and advice 24 hours a day, every day of the year. Call 1-805-437-5001 or toll free at 1-877-431-1700. If you use a TTY/TDD call 711. Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should see a provider right away.

- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition.

The Advice Nurse line **cannot** help with clinic appointments or medication refills. Call your provider's office if you need help with these.

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 pharmacies, 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 for more information. If you use a TTY/TDD, call 1-888-310-7347 or 711.

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.



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4. Benefits and services

What your health plan covers

This chapter explains your covered services as a member of GCHP. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for sensitive services, emergencies and some urgent care services. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask GCHP for pre-approval (prior authorization) for this. Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more details on your covered services, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Members under 21 years of age get extra benefits and services. Read chapter five, “Child and youth well care” for more information.

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

- Acupuncture
- Acute (short-term treatment) home health therapies and services*
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Audiology*
- Behavioral health treatments*
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & Radiation therapy
- Dental services - limited (performed by medical professional / PCP in a medical office)
- Dialysis/hemodialysis services
- Durable medical equipment (DME)*
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Health education
- Home health care*
- Hospice care*
- Immunizations for children, adolescents and adults (shots)
- Inpatient medical and surgical care*
- Lab and radiology*
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy*
- Orthotics / prostheses*
- Ostomy and urological supplies
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services
- Physical therapy*
- Podiatry services*
- Preventive care services
- Pulmonary rehabilitation



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- Rehabilitation services and devices*
- Skilled nursing services
- Specialist visits
- Speech therapy*
- Surgical services
- Telemedicine / Telehealth
- Transgender services*
- Urgent care
- Vision services*
- Women's health services

Definitions and descriptions of covered services can be found in chapter eight, "Important numbers and words to know."

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

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

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

Medically necessary services do not include:

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

GCHP will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not GCHP.

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

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



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For members less than 21 years of age, medically necessary services include all covered services, identified above, and any other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions, as required by the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

EPSDT provides a broad range of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under 21 years of age. The EPSDT benefit is more robust than the benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.

GCHP will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not GCHP.

Medi-Cal benefits covered by GCHP

Outpatient (ambulatory) services

- **Adult Immunizations**

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

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

- **Allergy care**

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

- **Anesthesiologist services**

GCHP covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by a medical anesthesiologist.

- **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 21 years of age.
- » Pregnant women through the end of the month that includes 60 days following the end of a pregnancy.



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- » Residents in a skilled nursing facility, intermediate care facility, or subacute care facility.
 - » All members when services are provided at county hospital outpatient departments, outpatient clinics, FQHCs or RHCs that are in GCHP's network. Not all FQHCs, RHCs or county hospitals offer outpatient chiropractic services.
- **Dialysis / hemodialysis services**
GCHP covers dialysis treatments. GCHP also covers hemodialysis (chronic dialysis) services if your doctor submits a request and GCHP 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.
 - **Treatment therapies**
GCHP covers different treatment therapies, including:
 - » Chemotherapy
 - » Radiation therapy

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
- Newborn care services



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

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. However, telehealth may not be available for all covered services. You can contact your provider to learn which types of services may be available 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 have the right to in-person services and are not required to use telehealth even if your provider agrees that it is appropriate for you.

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 may make a referral for additional mental health screening to a specialist within the 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
- › Family therapy

For help finding more information on mental health services provided by GCHP, call Beacon Health Options at 1-855-765-9702. If you use a TTY/TDD, call 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 "Other Medi-Cal programs and services" 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. (including territories such as Puerto Rico, U.S. Virgin Islands, etc.) 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:



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

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

If a pharmacist at an outpatient pharmacy gives you an emergency supply of a medication, that emergency supply will be covered by Medi-Cal Rx and not GCHP. Have the pharmacy call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711) if they need help in giving you an emergency medication 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. If you receive emergency ambulance services in Canada or Mexico and you are not hospitalized during that episode of care, your ambulance services will not be covered by GCHP.

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 21 years of age or older may not receive both hospice care and palliative care services at the same time.

- ***Hospice care***

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
- » Some drugs and biological services (some may be available through FFS Medi-Cal Rx)
- » Counselling services



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

- **Palliative care**

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

Palliative care includes:

- » Advance care planning
- » Palliative care assessment and consultation
- » Plan of care including, but not limited to:
 - › A doctor of medicine or osteopathy
 - › A physician assistant
 - › A registered nurse
 - › A licensed vocational nurse or nurse practitioner
 - › A social worker
 - › A chaplain
- » Care coordination
- » Pain and symptom management
- » Mental health and medical social services

Adults who are 21 years of age or older cannot receive both palliative care and hospice care at the same time. If you are getting palliative care and meet the eligibility for hospice care, you can ask to change to hospice care at any time.

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.



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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 by GCHP 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.

GCHP 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**

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

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

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

- **Cardiac rehabilitation**

GCHP covers inpatient and outpatient cardiac rehabilitative services.



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- **Durable medical equipment (DME)**

GCHP covers the purchase or rental of DME supplies, equipment and other services with a prescription from a doctor, physician assistants, nurse practitioners, and clinical nurse specialists. 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.

Generally, GCHP does not cover the following:

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

However, in some cases, these items may be approved with prior authorization (pre-approval) submitted by your doctor.

- **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 through Medi-Cal Rx, when medically necessary.

- **Hearing aids**

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

Hearing aids for members under age 21

State law requires children who need hearing aid to be referred to the California Children’s Services (CCS) program to determine if the child is eligible for CCS. If the child is eligible for CCS, CCS will cover the costs for medically necessary hearing aids. If the child is not eligible for CCS, we will cover medically necessary hearing aids as part of Medi-Cal coverage.



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Hearing aids for members age 21 and older

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

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

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

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

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

- » Replacement hearing aid batteries

- **Home health services**

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

Home health services are limited to services that Medi-Cal covers such as:

- » Part-time skilled nursing care
- » Part-time home health aide
- » Medical social services
- » Medical supplies

- **Medical supplies, equipment and appliances**

GCHP covers medical supplies that are prescribed by doctors, physician assistants, nurse practitioners, and clinical nurse specialists. Some medical supplies are covered through FFS Medi-Cal Rx and not GCHP.

Medi-Cal coverage does not include the following:

- » Common household items including, but not limited to:
 - > Adhesive tape (all types)
 - > Rubbing alcohol
 - > Cosmetics
 - > Cotton balls and swabs
 - > Dusting powders
 - > Tissue wipes
 - > Witch hazel



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- » Common household remedies including, but not limited to:
 - › White petrolatum
 - › Dry skin oils and lotions
 - › Talc and talc combination products
 - › Oxidizing agents such as hydrogen peroxide
 - › Carbamide peroxide and sodium perborate
 - » Non-prescription shampoos
 - » Topical preparations that contain benzoic and salicylic acid ointment, salicylic acid cream, ointment or liquid and zinc oxide paste
 - » Other items not generally used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them.
- **Occupational therapy**
GCHP covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services.
 - **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, 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 medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.
 - **Pulmonary rehabilitation**
GCHP covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.
 - **Skilled nursing facility services**
GCHP covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.
 - **Speech therapy**
GCHP covers speech therapy that is medically necessary. 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.



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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, and the Department of Defense or the Veterans Administration. Medi-Cal Rx, a Medi-Cal FFS program, covers most outpatient prescription drugs. Read the “Outpatient prescription drugs” section later in this chapter for more information.

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

GCHP 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
- 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 FDA. GCHP’s PCP and OB/GYN specialists are available for family planning services.

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

Read chapter five, “Child and youth well care,” for preventive care information for youth 20 years old and younger.

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



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

Members must meet program eligibility requirements to join DPP. Call GCHP at 1-888-301-1228 to learn more about the program and eligibility. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Reconstructive services

GCHP covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, disease, or breast reconstruction after a mastectomy. Some limitations and exceptions may apply.

Substance use disorder screening services

GCHP covers:

- Alcohol misuse screenings and illicit-drug screenings

See “Substance use disorder treatment services” later in this chapter for treatment coverage through the county.

Vision benefits

GCHP covers:

- Routine eye exam once every 24 months; additional or more frequent eye exams are covered if medically necessary for members, such as those with diabetes.
- Eyeglasses (frames and lenses) once every 24 months; when you have a valid prescription.
- Replacement eyeglasses within 24 months if you have a change in prescription or your eyeglasses are lost, stolen, or broken (and cannot be fixed), and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low vision devices for those with vision impairment that is not correctable by standard glasses, contact lenses, medicine, or surgery that interferes with a person’s ability to perform everyday activities (i.e., age-related macular degeneration).
- Medically necessary contact lenses: Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (i.e., missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keracotonus.

Transportation benefits for situations that are not emergencies

You are entitled to medical transportation if you have medical needs that don’t allow you to use a car, bus or taxi to your appointments. Medical transportation can be provided for covered services such as medical, dental, mental health, substance use, and pharmacy appointments. If you need medical transportation, you can request this by speaking to your doctor. Your doctor will decide the correct type of transportation to meet your needs. If they find that you need medical transportation, they will prescribe it by completing a form and submitting it to GCHP. Once approved, the approval is good for one year depending on the medical need. Additionally, there are no limits for how many rides you can get. Your doctor will need to reassess your medical need for medical transportation and re-approve every 12 months.



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

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

Medical transportation must be used when:

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

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, please call Ventura Transit System (VTS) at 1-855-628-7433 (TTY 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.

Limits of medical transportation: GCHP provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. Medical transportation will not be provided if the service is not covered by Medi-Cal. If the appointment type is covered by Medi-Cal but not through the health plan, GCHP will help you schedule your transportation. A list of covered services is in this Member Handbook. Transportation is not covered outside of the network or service area unless pre-authorized by GCHP. For more information or to ask for medical transportation, please call GCHP at 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711 or Ventura Transit System (VTS) at 1-855-628-7433 (TTY 711).

Cost to member: There is no cost when transportation is authorized by GCHP.

How to get non-medical transportation

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service.

You can get a ride, at no cost to you, when you are:

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

GCHP allows you to use a car, taxi, bus or other public / private way of getting to your medical appointment for Medi-Cal-covered services. GCHP will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, GCHP can give reimbursement for rides in a private vehicle that you arrange. This must be approved by GCHP before you get the ride, and you must tell us why you cannot get a ride other ways, like the bus. You can tell us by calling us, or in person. You cannot drive yourself and be reimbursed.



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

Mileage reimbursement requires all of the following:

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

To request a ride for services, call Ventura Transit System (VTS) at 1-855-628-7433 (TTY 711) at least two business days (Monday-Friday) before your appointment if possible 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 Indian Health Clinic to request non-medical transportation.

Limits of non-medical transportation: GCHP provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive themselves or be reimbursed directly. For more information, please call GCHP at 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711 or Ventura Transit System (VTS) at 1-855-628-7433 (TTY 711).

Non-medical transportation does not apply if:

- An ambulance, litter van, wheelchair van, or other form of medical transportation is medically needed to get to a Medi-Cal covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- 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 for non-medical transportation.

Other GCHP covered benefits and programs

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. Members may also request health education materials directly from the Health Education Department by calling 1-805-437-5718; if you use a TTY, call 1-888-310-7347, or 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 with your doctor about the best method for you. Members can also call the California Smokers' 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 or vaping.



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

Breastfeeding

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

Chronic Disease Self-Management Program

GCHP offers the Chronic Disease Self-Management Program (CDSMP) to its members. The CDSMP is an evidence-based program developed by Stanford University Education Research Center. CDSMP is a class series of six weeks (once a week for six weeks), which helps members with a chronic condition live a healthier life. Members who complete the course can improve their health behaviors, improve health status, and decrease their days in the hospital. There is no cost to join the CDSMP.

Activities and tools of the CDSMP include:

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

To enroll in the CDSMP or for more information about health education programs, materials, or other health promotion activities, call the Health Education Department at 1-805-437-5718; Monday through Friday from 8 a.m. to 5 p.m. If you use a TTY/TDD, call 1-888-310-7347. You can also contact the department by sending an email to HealthEducation@goldchp.org.

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.

GCHP offers these language assistance services:

- Sign language interpreter
- In-person interpreter
- Telephonic 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 more information or to get language assistance services, call 1-805-437-5603 or 1-805-437-5624. If you use a TTY/TDD, call 1-888-310-7347. Or email CulturalLinguistics@goldchp.org.



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

Managed long-term services and supports (MLTSS)

GCHP covers these MLTSS benefits for members who qualify:

- Long-term care facility services as approved by GCHP

If you have questions about MLTSS, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Care coordination

GCHP offers Case Management services to help you coordinate your health care needs at no cost to you. GCHP will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not GCHP.

If you have questions or concerns about your health or the health of your child, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Enhanced Care Management

GCHP covers Enhanced Care Management (ECM) services for members with highly complex needs. ECM is a benefit that provides extra services to help you get the care you need to stay healthy. It coordinates the care you get from different doctors. ECM helps coordinate primary care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to available community resources.

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

Covered ECM services

If you qualify for ECM, you will have your own care team, including a care coordinator. This person will talk to you and your doctors, specialists, pharmacists, case managers, social services providers and others to make sure everyone works together to get you the care you need. A care coordinator can also help you find and apply for other services in your community. ECM includes:

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

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

Cost to member

There is no cost to the member for ECM services.



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

Community Supports

Community Supports may be available under your Individualized Care Plan. Community Supports are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for members to receive. If you qualify, these services may help you live more independently. They do not replace benefits that you already get under Medi-Cal. An example of Community Supports service that GCHP plans to offer is medically-supportive food / meals or medically-tailored meals. If you need help or would like to find out what Community Supports may be available to you, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711 or call your health care provider.

Major Organ Transplant

Transplants for children under age 21

State law requires children who need transplants to be referred to the California Children's Services (CCS) program to see if the child is eligible for CCS. If the child is eligible for CCS, CCS will cover the costs for the transplant and related services. If the child is not eligible for CCS, then GCHP will refer the child to a qualified transplant center for evaluation. If the transplant center confirms the transplant would be needed and safe, GCHP will cover the transplant and related services.

Transplants for adults age 21 and older

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

The following major organ transplants covered by GCHP include, but are not limited to:

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

Other Medi-Cal programs and services

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

Sometimes GCHP does not cover services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. GCHP will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not GCHP. This section lists some of these services. To learn more, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.



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

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, a Medi-Cal FFS program. Some drugs given by a provider in an office or clinic may be covered by GCHP. Your provider can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.

Sometimes, a drug is needed and is not on the Contract Drug List. These drugs will need to be approved before they can be filled at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

- A pharmacist at your outpatient pharmacy or hospital emergency room may give you a 72-hour emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medication supply given by an outpatient pharmacy.
- Medi-Cal Rx may say no to a non-emergency request. If they say no, they will send you a letter to tell you why. They will tell you what your choices are. See the “Complaints” section in chapter six, “Reporting and solving problems” for more information.

To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711), or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 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 Medi-Cal Benefits Identification Card (BIC). 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.

Members may also receive transportation services from GCHP to get to pharmacies. To learn more about transportation services, read the “Transportation benefits” section in this handbook.

Specialty mental health services

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



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

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 <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

Substance use disorder treatment 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 http://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

Dental services

Medi-Cal (through the Medi-Cal Dental Program) 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
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

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



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

California Children's Services (CCS)

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

County CCS program staff will decide if your child qualifies for CCS services. GCHP does not decide CCS eligibility. If your child qualifies to get this type of care, CCS providers will treat 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
- 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, they will keep getting medically necessary care from GCHP.

To learn more about CCS, you can visit the CCS web page at <https://www.dhcs.ca.gov/services/ccs>. Or call 1-888-301-1228. If you use a TTY/TDD, call 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. If you use a TTY/TDD, call 1-888-310-7347 or 711.



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

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
- In Vitro Fertilization (IVF)
- Spina bifida
- Hearing loss

GCHP may cover a non-benefit if medical necessity is established. Your provider must submit a prior authorization to GCHP with the reasons why the non-benefit is medically needed.

To learn more, call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.



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

5. Child and youth well care

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

Pediatric services (Children under age 21)

Members under 21 years old are covered for needed care. The following list includes care that is medically necessary service to treat or ameliorate defects and physical, mental diagnosis. Covered services include:

- Well-child visits and teen check-ups (important visits children need)
- Immunizations (shots)
- Child developmental screenings
- Depression screenings
- Mental health services (specialty mental health services are covered by the county)
- Lab tests, including blood lead poisoning testing
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by CCS for children who qualify; GCHP will cover services for children who do not qualify for CCS)

These services are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. EPSDT services that are recommended by pediatricians' Bright Futures guidelines to help you or your child stay healthy are covered at no cost to you.

Well-child health check-ups and preventive care

Preventive care includes regular health check-ups, screenings to help your doctor find problems early, and counseling services to detect illnesses, diseases, or medical conditions before they cause problems. Regular check-ups help you or your child's doctor look for any problems. Problems can include medical, dental, vision, hearing, mental health, and any substance use (drug) disorders. GCHP covers check-ups to screen for problems (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.

Preventive care also includes 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. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at www.goldcoasthealthplan.org.

Your child should get check-ups at these ages:

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

Well-child health check-ups include:

- A complete health history
- A head-to-toe physical exam
- Age-appropriate shots (California follows the American Academy of Pediatrics Bright Futures Periodicity schedule)
- Lab tests, including blood lead poisoning testing
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment
- Developmental and autism screenings

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 problems, including eyeglasses
- Treatment for hearing problems, including hearing aids when they are not covered by CCS
- 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

Blood lead poisoning testing

All children enrolled in GCHP should get blood lead poisoning testing at 12 and 24 months of age or between the ages of 36 and 72 months if they were not tested earlier.

Adverse Childhood Events (ACE)

GCHP providers receive training specific to screening and treating symptoms related to adverse childhood events (ACE) and trauma-induced toxic stress.



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

Help getting child and youth well care services

GCHP will help members under 21 years of age and their families get the services they need. A member of the GCHP Care Management team can:

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

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

Dental check-ups

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

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

Babies ages 1-4

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every six months; every three months from birth to age 3)
- X-rays
- Teeth cleaning (every six months)
- Fluoride varnish (every six months)
- Fillings
- Tooth removal
- Emergency services
- Outpatient services
- Sedation (if medically necessary)

Kids ages 5-12

- Dental exams (every six months)
- X-rays
- Teeth cleaning (every six months)
- Molar sealants
- Fillings
- Fluoride varnish (every six months)
- Root canals
- Emergency services
- Outpatient services
- Sedation (if medically necessary)

Kids ages 13-17

- Dental exams (every six months)
- X-rays
- Fluoride varnish (every six months)
- Teeth cleaning (every six months)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Tooth removal
- Emergency services
- Outpatient services
- Sedation (if medically necessary)



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

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

Additional preventive education referral services

If you are worried that your child is having a hard time taking part and learning at school, talk to your child's PCP, teachers or administrators at the school. In addition to your medical benefits covered by GCHP, there are services that the school must provide to help your child learn and not fall behind.

Examples of services that may be provided to help your child learn include:

- Speech and Language Services
- Psychological Services
- Physical Therapy
- Occupational Therapy
- Assistive Technology
- Social Work Services
- Counseling Services
- School Nurse Services
- Transportation to and from school

These services are provided by and paid for by the California Department of Education. Together with your child's doctors and teachers, you can make a custom plan that will best help your child.



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

6. Reporting and solving problems

There are two ways to report and solve problems:

- 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 to change your services or to not cover them.

You have the right to file grievances and appeals with GCHP to tell us about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for 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. If you use a TTY/TDD, call 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. If you use a TTY/TDD, call 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. If you use a TTY/TDD, call 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. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at www.goldcoasthealthplan.org.

- **By mail:** Call GCHP at 1-888-301-1228 and ask to have a form sent to you. If you use a TTY/TDD, call 1-888-310-7347 or 711. 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. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Within five calendar days of getting your complaint, we will send you a letter telling you we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call GCHP about a grievance 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. If you use a TTY/TDD, call 1-888-310-7347 or 711. Within 72 hours of receiving your complaint, we will make a decision about how we will handle your complaint and whether we will expedite your complaint. If we determine that we will not expedite your complaint, we will let you know that we will resolve your complaint within 30 days.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the GCHP grievance process. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 711) or going to <https://medi-calrx.dhcs.ca.gov/home/>. However, complaints related to pharmacy benefits not subject to Medi-Cal Rx would need to be sent to GCHP for review.

Appeals

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

You must ask for an appeal within 60 days from the date on the NOA you got from us. If we decided to reduce, suspend, or stop a service(s) you are getting now, you can continue getting that service(s) while you wait for your appeal to be decided. This is called Aid Paid Pending. To receive Aid Paid Pending, you must ask us for an appeal within 10 days from the date on the NOA or before the date we said your service(s) will stop, whichever is later. When you request an appeal under these circumstances, the service(s) will continue.



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

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

- **By phone:** Call GCHP at 1-888-301-1228 Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays). If you use a TTY/TDD, call 1-888-310-7347 or 711. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call GCHP at 1-888-301-1228 and ask to have a form sent to you. If you use a TTY/TDD, call 1-888-310-7347 or 711. 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 asking for an appeal or with Aid Paid Pending, we can help you. We can give you free language services. Call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.

Within five days of getting your appeal, we will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not provide you with our appeal decision within 30 days, you can request a State Hearing.

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

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

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

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

You will not have to pay for a state hearing.

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

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by GCHP. You can submit complaints and appeals about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273)



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

and press 5 or 711). However, complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review.

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may 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 we made the correct decision. You have the right to ask for a state hearing if you have already asked for an appeal with us and you are still not happy with our 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 our NAR letter. However, if we gave you Aid Paid Pending during your appeal, and you want it to continue until there is a decision on your state hearing, you must ask for a state hearing within 10 days of our NAR letter, or before the date we said your service(s) will stop, whichever is later. If you need help making sure Aid Paid Pending will continue until there is a final decision on your state hearing, contact GCHP Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays) by calling 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711. Your PCP can ask for a state hearing for you with your written permission.

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

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

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

- **By phone:** Call the CDSS Public Response Unit at 1-800-952-5253 (TTY 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. We can give you free language services. Call 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.



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

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

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

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

To report fraud, waste and abuse, 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



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

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. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at www.goldcoasthealthplan.org.

7. Rights and Responsibilities

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

Your rights

These are your rights as a member of GCHP:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
- To make recommendations about GCHP's member rights and responsibilities policy.
- To be able to choose a primary care provider (PCP) within GCHP's network. You may change your PCP every month if you are not happy with the service.
- 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 no-cost interpreting services for your language.
- To get free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To ask for a state hearing if a service or benefit is denied and you have already filed an appeal with GCHP and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
- To access minor consent services.
- To get no-cost written member information in other formats (such as braille, large-size print, audio and accessible electronic formats) 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.



Call Member Services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online 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.
- Notify GCHP Member Services at 1-888-301-1228 if your GCHP member identification card is lost or stolen to request a copy. If you use a TTY/TDD, call 1-888-310-7347 or 711.
- Promptly let the Medi-Cal eligibility office and GCHP know of any changes to your name, address, phone number and other health care coverage. If you get Supplemental Security Income (SSI), call the Social Security Administration (SSA) office to make changes. All agencies need to have your correct information.
- Select a primary care provider (PCP) within the first 30 days of being a GCHP member.
- Notify GCHP Member Services at 1-888-301-1228 if you want to change your PCP. If you use a TTY, call 1-888-310-7347 or 711.
- 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 do not know how to use your benefits or if you have any problems with services needed or received. If you use a TTY, call 1-888-310-7347 or 711.



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

- Call your doctor and GCHP's Cultural and Linguistic Services at 1-805-437-5603 or 1-805-437-5624 at least 24 hours in advance if you need to cancel a scheduled interpreter request. If you use a TTY, call 1-888-310-7347 or 711.

Notice of non-discrimination

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

GCHP provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - » Qualified sign language interpreters
 - » Written information in other formats (large print, audio, accessible electronic formats and other formats)
- 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. If you use a TTY/TDD, call 1-888-310-7347 or 711.

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 GCHP Monday through Friday from 8 a.m. to 5 p.m. (excluding holidays) by calling 1-888-301-1228. If you use a TTY/TDD, call 1-888-310-7347 or 711.
- **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.

Office of Civil Rights – California Department of Health Care Services

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



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

- **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 1-800-537-7697 or 711 to use the California Relay Service.
- **In writing:** Fill out a complaint form or send a letter to:

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

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

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

Ways to get involved as a member

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

Community Advisory Committee (CAC)

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

- Reviewing policies and programs.
- Making recommendations to GCHP.



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

- 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. If you use a TTY/TDD, call 1-888-310-7347 or 711.

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.

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?

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

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

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



Call Member Services at 1-888-301-1228. If you use a TTY, call 1-888-310-7347. GCHP is here Monday through Friday from 8 a.m. to 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online 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 at 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.



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- 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, call 1-888-310-7347 or 711

California's Department of Health Care Services:

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

Contact the Secretary of 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.



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

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

Federal and state laws require Medi-Cal members to report OHC and any changes to OHC. If you do not report OHC promptly, you may have to repay DHCS for any benefits paid erroneously. Submit your OHC online at <http://dhcs.ca.gov/OHC>. If you do not have access to the internet, OHC can be reported to your health plan, or by calling 1-800-541-5555 (TTY 1-800-430-7077 or 711; inside California), or 1-916-636-1980 (outside California). DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay first, or reimburse Medi-Cal.

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

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

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

Notice about estate recovery

The Medi-Cal program must seek repayment for 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 above 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.



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8. Important numbers and words to know

Important phone numbers

- GCHP Member Services Department: 1-888-301-1228 (TTY/TDD 1-888-310-7347 or 711)
- 24-Hour Advice Nurse Line: 1-805-437-5001 or toll free at 1-877-431-1700
- Medi-Cal Rx: 1-800-977-2273 (TTY/TDD 1-800-977-2273 and press 5 or 711)
- Beacon Health Options, behavioral health services: 1-855-765-9702 (TTY/TDD 1-800-735-2929 or 711)
- Vision Service Plan (VSP), vision services: 1-800-877-7195 (1-800-428-4833)
- Medi-Cal Dental, dental services: 1-800-322-6384
- Ventura Transit System (VTS), transportation services: 1-855-628-7433
- Ventura County Behavioral Health (VCBH): 1-866-998-2243
- Human Services Agency (HSA): 1-888-472-4463 (TTY/TDD 1-888-735-2922)
- Social Security Administration / Medicare: 1-800-772-1213 (TTY/TDD 1-800-325-0778)
- California Relay Services (711)

Words to know

Active labor: The 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—/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



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youth. The program helps children and youth access regular health care. Your PCP can provide CHDP services.

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 Care Provider (IHCP) or other primary care facility.

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

Complaint: A member's verbal or written 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.

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

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

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

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.



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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.

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 as well as any treatment to take care of or help the conditions that may be found in the check-ups.

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 GCHP.

Established patient: A patient who has an existing relationship with a provider and has seen that provider within a specified amount of time established by GCHP.

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

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

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.



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

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

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

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

Grievance: A member's verbal or written expression of dissatisfaction about GCHP, a provider, 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 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.



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- Nurse practitioner or physician assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician / gynecologist (OB/GYN) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

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

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

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

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

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

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

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.



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

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

Medical transportation: 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 transportation for your medical needs when you need a ride to your appointment.

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 medically necessary 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.

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-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).



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

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

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

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

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

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

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

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. Out-of-network hospitals may need pre-approval.

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.



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Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed.

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
- OB/GYN
- Indian Health Care Provider (IHCP)
- 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.



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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 / Preventive 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.

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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