

Medi-Cal Member Handbook Combined Evidence of Coverage and Disclosure Form



1-877-658-0305

For TTY, contact California Relay by dialing 711 and
provide the Member Services number: 1-877-658-0305

CAHealthWellness.com



Welcome to California Health & Wellness

Congratulations! California Health & Wellness is your new health plan and we are eager to serve you. California Health & Wellness gives you choices — from setting up a medical home by choosing your primary care provider (PCP) to participating in special programs that help you stay healthy.

California Health & Wellness is a health plan that works with the State of California to help deliver your Medi-Cal benefits and services. The California Department of Health Care Services (DHCS) and California Department of Managed Health Care (DMHC) oversee California Health & Wellness.

We want to make sure you get the healthcare you need and the personal attention you deserve. Call us at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) or visit our website at www.CAHealthWellness.com for more information. We are here to serve you!

California Health & Wellness complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. California Health & Wellness does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

California Health & Wellness:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact California Health & Wellness' Customer Contact Center at: 1-877-658-0305 (V/TTY: 711).

If you believe that California Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; California Health & Wellness Customer Contact Center is available to help you.



You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

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

About Your Member Handbook

This booklet is your Member Handbook. It combines your Evidence of Coverage (EOC) and Disclosure Form. The Member Handbook describes your healthcare benefits. It is a guide to California Health & Wellness and is designed to help you get most of your benefits and services. It also explains your rights, your benefits and your responsibilities as a Member of California Health & Wellness. It is our contract with you.

If you need information in a different language or format, such as Braille or large print, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) so we can help you.

La información incluida en este folleto es acerca de sus beneficios del Plan de Salud California Health & Wellness Si necesita obtener la información en un idioma diferente, llame a Servicios al Miembro al 1-877-658-0305 para que podamos ayudarle. Si usa un teléfono de texto (TTY), comuníquese al 711 con los servicios de retransmisión de mensajes de California y brinde el número 1-877-658-0305

Please read the entire Member Handbook. The Member Handbook is only a summary of the health plan. It gives you information on your California Health & Wellness benefits and services such as:

- What is covered and not covered by California Health & Wellness
- How to get the care you need
- How to get your prescriptions filled
- What you will have to pay for your healthcare or prescriptions
- What to do if you are unhappy about your health plan or coverage
- Eligibility requirements
- Materials you will receive from California Health & Wellness



The California Health & Wellness contract with the California DHCS must be used to determine the exact terms and conditions of coverage. You can see the contract at our main office during business hours, Monday through Friday, 8 a.m. to 5 p.m. If our contract with the DHCS changes and it changes your benefits, we will send you an update. Keep the Member Handbook and any updates handy.

If you would like an extra copy of the Member Handbook at no cost to you, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). You can call to get a copy even if you are not a Member of our health plan or before you enroll. You can also view the Member Handbook on our website at www.CAHealthWellness.com.

If You Need Interpreter Services

For Members who do not speak English or do not feel comfortable speaking it, California Health & Wellness has a free, 24-hour service to help. This service is very important because you and your doctor must be able to talk about your health concerns in a way you both can understand. Our interpreter services are available for free and can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. California Health & Wellness Members who are blind or visually impaired can call Member Services for an oral interpretation. To arrange for an interpreter, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Section 1: Six Key Tips

Now that you are a Member of California Health & Wellness, there are a few important basic steps you can take to help keep yourself healthy.

- Tip #1 Choose your Primary Care Provider (PCP)**
Your PCP is your medical home and will manage most of your healthcare services. You should receive all of your basic medical care from your PCP. That is why we want you to choose a PCP you are comfortable with and can best meet your needs. When you enroll in California Health & Wellness, you must choose a PCP. If you do not choose one within 30 days after you enroll in the plan, we will choose one for you on your behalf.
- Tip #2 Visit your PCP within 120 days (which is about 4 months) of joining our plan (For children ages 18 months or younger, this visit should be made within 60 days of enrolling — which is about 2 months from the time the child is enrolled)**
It is important to visit your PCP soon after you enroll, especially if you have never seen your PCP. You should call your PCP as soon as you join California Health & Wellness to make an appointment for a checkup. This will give the PCP a chance to do an initial exam and help find any health problems or steps you may need to take to stay healthy.
- Tip #3 Talk to your PCP about any problems before you need care**
Do not wait until you are sick to talk with your PCP. Seeing your doctor for regular checkups helps you find health problems early. This can help keep you in good health and out of the emergency room.
- Tip #4 Call 911 if you have an emergency**
If you think you have a health emergency, call 911. You do not have to call your doctor before you go to the emergency room. Emergency services do not need approval from California Health & Wellness and are provided at no cost to you. Do not use the emergency room for routine (regular) healthcare.
- Tip #5 Keep your Member ID card with you at all times**
Your California Health & Wellness Member ID card is proof that you are enrolled with us. Please show this card every time you go for any service



under the California Health & Wellness program. When you enroll in California Health & Wellness, we will send you a Member ID card 7 calendar days of joining.

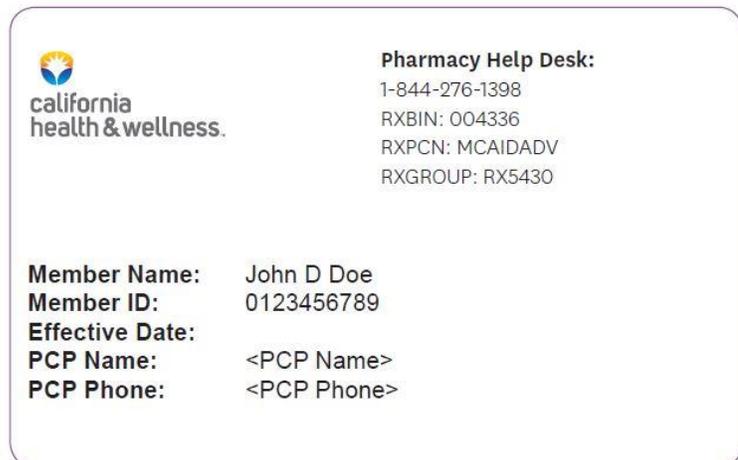
Tip #6 Contact us if you have any questions

We are here for you. If you have questions, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). We are open Monday through Friday, from 8 a.m. to 5 p.m. If you call after business hours, we will send your call directly to our 24-hour Nurse Line. 24-hour Nurse Line is the California Health & Wellness 24-hour medical advice nurse line. Nurses are available 24 hours a day, 7 days a week.

Here is an example of your California Health & Wellness Member ID card

Front:

- Name
- Medi-Cal ID#
- PCP Name
- PCP Phone Number
- PCP Effective Date
- Pharmacy Vendor Information





Back:

- Important Member & Provider Phone Numbers
- Paper Medical Claims Address
- Website Address

IMPORTANT CONTACT INFORMATION

Members

Pharmacy: 1-877-658-0305
Member Services: 1-877-658-0305
Vision: 1-877-658-0305
24/7 NurseWise: 1-877-658-0305
Behavioral Health: 1-877-658-0305

Medical Claims:

California Health & Wellness
Attn: Claims
PO Box 4080
Farmington, MO 63640-3835

If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization.

Providers:

Provider Services & IVR Eligibility Inquiry:
1-877-658-0305
Prior Auth: www.CAHealthWellness.com or
1-877-658-0305
Pharmacy: 1-844-276-1398
Vision: 1-866-921-7961

EDI Claims - Please submit using payer ID 68Q047
EFT/RFA please visit: For Providers page at www.CAHealthWellness.com

California Health & Wellness Address:
1740 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833



Section 2: How to Contact Us

If you have questions about your coverage or need to reach us for any reason, we are here to help you. Below are several important phone numbers to keep handy if you need to reach us. We included some other important phone numbers outside of California Health & Wellness that you may want to keep in mind.

Main Office Address

California Health & Wellness
1740 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833

Normal Business Hours of Operation

Monday through Friday, 8 a.m. to 5 p.m. Pacific Standard Time

Important Phone Numbers for California Health & Wellness

California Health & Wellness Member Services.....	1-877-658-0305
TDD/TTY Line	1-866-274-6083
Member Services Fax	1-877-302-3434
California Relay Services	711
Mental Health Services	1-877-658-0305
24-hour Nurse Line.....	1-877-658-0305

Other Important Phone Numbers

Non-Emergency Transportation.....	1-866-842-0635
Emergency Services	Call 911
Denti-Cal Dental Services.....	1-800-322-6384
Medi-Cal Managed Care Office of Ombudsman.....	1-888-452-8609
Department of Managed Health Care	1-888-HMO-2219
Department of Managed Health Care TDD	1-877-688-9891

Section 3: Choosing Your PCP and setting up Your Medical Home

Importance of Your Primary Care Provider (PCP)

At California Health & Wellness, we believe you and your family are best served when your primary care provider (PCP) works with you to actively direct your healthcare needs. That is why we want you to choose a PCP you are comfortable with and can best meet you and your family's needs.

Your PCP can be a doctor, nurse practitioner, certified nurse midwife or physician assistant who you see on a regular basis to take care of your medical needs. You should receive all of your basic medical care from your PCP. Your PCP:

- Manages your healthcare services
- Provides most of your healthcare, including preventive services
- Refers you to a specialist when you need one
- Approves and arranges for needed hospital care

Your PCP has a responsibility to:

- Make sure you get all medically necessary services in a timely manner.
- Follow-up on the care you get from other medical providers.
- Take care of referrals for specialty care and services.
- Provide any ongoing care you need.
- Update your medical record, including keeping track of all the care that you get.
- Provide services in the same manner for patients.
- Give you regular physical exams.
- Provide preventive care.
- Give you regular immunizations.
- Make sure you can contact him/her or another doctor at all times.
- Discuss what advance directives are and file your advance directives appropriately in your medical record.

Your PCP serves as the foundation of your medical home.



3 Easy Steps to Establish Your Medical Home

To establish your medical home, follow these 3 simple steps:

1. ***Choose a Primary Care Provider (PCP).*** When you enroll in California Health & Wellness, you must choose a PCP. If you do not choose one, we will choose one for you on your behalf. The name of your PCP is on your Member ID card. You can choose your PCP by calling Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). You can change your PCP at any time.
2. ***Make an appointment with your PCP within 120 days (which is about 4 months) of enrolling for a full health checkup.*** For children ages 18 months or younger, this appointment should be made within 60 days (which is about 2 months) of enrolling. Even if you are not sick, it is important to get this first checkup. Regular health checks and tests can help find problems before they start. They can also help find problems early, when your chances of treatment and cure are better. By getting the right health services, you are taking steps that can help you live a longer, healthier life.
3. ***Talk to your PCP about any health problems you are experiencing.*** You can call your PCP when you are sick and do not know what to do. Seeing your doctor for regular checkups helps you find health problems early. This can help keep you in good health and prevent going to the emergency room. If you have never seen your PCP, as soon as you join California Health & Wellness, you should call your PCP, introduce yourself as a new Member and make an appointment for a checkup. If you need help making an appointment, we can help you. Call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

Choice of Physicians and Providers

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

California Health & Wellness works with a large group of doctors, specialists, pharmacies, health centers, hospitals and other healthcare providers. This group is called a "network."



You can choose any PCP in our network if they are taking new patients. You can choose a different PCP for each family member. When picking a PCP, look for one of the following kinds of providers:

- Pediatricians
- Family/General Practitioners
- Internal Medicine
- Obstetricians/Gynecologists
- Registered Nurse Practitioners
- Physician Assistants (under the supervision of a physician)
- Certified Nurse Midwives

You may also choose a doctor within a local Federally Qualified Health Center (FQHC) for your primary care. Women can have OB/GYNs as their PCP, children can have pediatricians and those with HIV/AIDS can have HIV/AIDS specialists if they are available. Specialists can be your PCP for special needs upon request.

If you are a Native American, you can get services at any Indian Health Service Facility. You can also leave California Health & Wellness at any time and get services through the Medi-Cal Fee-For-Service Program. You also have the right not to enroll in a Medi-Cal managed care plan.

You will only be able to see your assigned Primary Care Physician (PCP) listed on your ID Card for most services. Your PCP will also arrange any specialty care for you. Some members may be assigned to a PCP that is part of an Independent Practice Association (IPA). An IPA is a group of doctors that work together to provide the care you need. If you are assigned to an IPA, in order for services to be covered, all medical and hospital services must be provided or authorized by the IPA. For some services, such as Family Planning or reproductive health visits, you do not need to get approval from your PCP, your IPA or California Health & Wellness to see another provider.

If you would like to select a different PCP, a copy of our Provider Directory is included in this packet. You can also find the most up-to-date listing of providers on our website, www.CAHealthWellness.com. Go to "Find a Provider." There you will see contact information, specialties, what language they speak and hospital affiliation. If you need help, you can call our Member Services Department.

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At California Health & Wellness, we want to make it easy for you to find a PCP to match your health care needs. Here are three (3) simple ways to find a provider in our network:

1. **Online.** You can use our Find a Provider tool on our website at www.CAHealthWellness.com. This is our most updated list of providers.
2. **By Phone.** You can call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) and we can help you find a doctor.
3. **In a Printed Provider Directory.** You can use the printed Provider Directory that was in your new Member packet or you can request a copy, at no charge, by calling Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

The Find a Provider tool at www.CAHealthWellness.com and printed Provider Directory includes information about PCPs, specialists, family planning providers, pharmacies, FQHCs, Rural Health Centers and hospitals. Both are available free of charge and contain the names, location, office hours and telephone numbers of providers contracted with California Health & Wellness. They also contain information on whether the provider and/or his/her staff speak languages other than English.

The Find a Provider tool and printed Provider Directory show you which providers are taking new patients. Providers who are not accepting new patients are marked as not accepting new patients. If you were with a provider before you enrolled in our health plan, that provider may let you continue as a patient. If a PCP's office is closed to new patients, you will have to select another PCP. This information changes often. You can call a provider to see if he/she is taking new patients or call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). We will help you find a doctor. If your doctor is not with us yet, let us know. We will work to get them added to our network.

If at any time you have questions or want to know more about the professional qualifications of network doctors and specialists, such as their medical school, residency completed and board certification status, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Because California Health & Wellness is always working to have the most complete provider network to serve all of our Members, please check the Find a Provider tool on our website at www.CAHealthWellness.com to see if new providers have been added.

What happens if I don't choose a PCP?

If you do not choose a PCP within 30 days after you enroll, California Health & Wellness will choose a PCP on your behalf. The PCP's name and phone number will be on your California Health & Wellness Member ID card. If you do not want that PCP, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) right away to choose another PCP.

When and how can I change my PCP?

We encourage you to have a close relationship with your PCP. You can change your PCP at any time if:

- You are not satisfied with your PCP's services
- You want the same or different PCP as other family members
- Your PCP is no longer in your area
- Your PCP does not provide the services you seek because of religious or moral reasons

You must notify us when you change your PCP. Before you see another PCP, you must let us know. You can do this by calling Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305), writing us a letter or by using the secure online Member health account at www.CAHealthWellness.com.

Sometimes your PCP may ask that you be assigned to another PCP. This may be because you do not keep your appointments, do not follow the PCP's medical advice or disrupt the office. This request cannot be because of your medical condition.

Do I have to see my PCP for OB/GYN care?

Women can go to any network doctor, family practitioner nurse practitioner or certified nurse midwife for routine and preventive OB/GYN care. You do not need approval from California Health & Wellness or a referral from your PCP. Women can also have OB/GYNs, certified

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nurse practitioner or certified nurse midwife as their PCP. You can contact Member Services at -877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) to find a provider.

The following are the most common services you get from an OB/GYN:

- Breast examination
- Gynecological examinations and treatment
- Pap smear
- Prenatal care

What if I was seeing a doctor before becoming a new Member?

You may have been getting care from another doctor or hospital before you were a Member of California Health & Wellness for:

- A serious chronic condition or acute condition
- A terminal illness
- A pregnancy
- Care for a child (up to 36 months of age)
- A planned surgery or procedure

If that doctor or hospital is not currently in our provider network, you may be able to continue to get the care you need if the doctor or hospital agrees with California Health & Wellness to do so. For more information, or to request a copy of this policy, call Member Services at 1-877-658-0305 (TDD/TYY1-866-274-6083).

What hospital can I go to?

In an emergency, go to the nearest hospital. If it is not an emergency and you need hospital care, your PCP decides what hospital you go to. The hospitals are also listed in the Find a Provider tool at www.CAHealthWellness.com and the printed Provider Directory.

IMPORTANT INFORMATION TO KEEP IN MIND WHEN CHOOSING YOUR HOSPITAL OR OTHER PROVIDERS: Some hospitals and other providers do not provide one or more of the following services that may be covered under California Health & Wellness and that you or your family member might need:

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- **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 Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) to make sure you can get the healthcare services you need.

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Section 4: How to Obtain Care

When you enroll in California Health & Wellness, you will receive a California Health & Wellness Member ID card within seven (7) calendar days of enrollment. Please show this card every time you go for any service under the California Health & Wellness program. You should keep this card with you at all times. This card is proof that you are enrolled with California Health & Wellness. The California Health & Wellness Member ID card will show your name, Medi-Cal ID#, and PCP name and number. If you do not get your California Health & Wellness Member ID card within a few weeks after you join our health plan, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). We will send you another card.

How do I get care from my PCP?

Your PCP's name and phone number will be on your California Health & Wellness Member ID card. Call your PCP during his/her business hours to schedule your annual checkup or when you are feeling sick.

Making Your First Doctor's Appointment

Once you choose a PCP, make an appointment within 120 days (which is about 4 months) of enrolling for your first checkup. For children ages 18 months or younger, this appointment should be made within 60 days (which is about 2 months) of enrolling. This first checkup is called an "Initial Health Assessment." As this first visit, your PCP will also check to see if you need to see a dentist. If needed, your PCP will refer you to Denti-Cal which is California's fee-for-service dental provider.

This first checkup will give you and your doctor a chance to get to know each other. Your doctor can give you medical care, advice and information about your health. Call your PCP's office to schedule your first checkup. Don't wait until you are sick. Remember to take your California Health & Wellness Member ID card with you every time you go to the doctor's office. **If you have difficulty getting an appointment with or seeing your doctor, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).**

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What if I need medical care after my doctor's office closes for the day?

You can call your PCP's office for information on receiving after-hours care in your area. If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call 24-hour Nurse Line at 1-877-658-0305. 24-hour Nurse Line is the California Health & Wellness 24-hour medical advice nurse line.

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

NOTE: All services other than well visits, preventive services, immunizations, emergency services, urgent care services, minor consent services (sexual assault, pregnancy care, family planning, sexually transmitted disease services), HIV testing and abortion must be obtained through California Health & Wellness network providers or pre-approved for out-of-network providers.

What if I can't keep my doctor's appointment?

IMPORTANT: If you cannot keep an appointment, please call the doctor's office to cancel at least 24 hours in advance. If you need to change an appointment, call the doctor's office as soon as possible. They can make a new appointment for you. If you need help getting an appointment, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

How do I get specialty care? Can I see a specialty physician?

You may need to see a certain doctor for specific medical problems, conditions, injuries and/or diseases often referred to as a "specialist physician" or "specialist." You can see a specialist that your PCP sends you to for evaluation, consultation or care. This is called a "referral."

Talk to your PCP first before going to see a specialist. Your PCP will refer you to a specialist in the California Health & Wellness network who can diagnose and/or treat your specific problem. ***Do not go to a specialist without being referred by your PCP.*** Generally, a specialist will not be able to see you without approval from California Health & Wellness and from your PCP. There are exceptions and they are listed below in this section. (See "What services can I get without a referral?")

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Always make sure you have a referral from your PCP first. If you have questions about getting a referral, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

When do I need a referral?

Your PCP will talk to you about your healthcare needs. If your PCP cannot give you the services you need, he/she will refer you to a specialist or hospital for treatment. Your PCP will request the referral for you. You must get the referral before you see the specialist.

What services can I get without a referral?

You may self-refer for certain covered services. No referral or approval is required from your PCP or California Health & Wellness for:

- Preventive care
- Urgent or emergency care
- Family planning
- OB/GYN
- HIV testing and counseling
- Treatment for a sexually transmitted disease
- Abortion

You may receive benefit coverage for these services whether or not the doctor is in the California Health & Wellness provider network.

If I need specialist care for a long time, do I have to ask for a referral from my PCP each time I see the specialist?

No. If you need ongoing care from a specialist because of a serious or life-threatening problem, the specialist can ask California Health & Wellness for an extended referral. Some conditions may need ongoing care from a specialist. Health problems that could get an extended referral include cardiovascular disease, asthma, diabetes, Multiple Sclerosis (MS) or HIV/AIDS.

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California Health & Wellness will allow your PCP to give a referral for ongoing care (called a “standing referral”) to a specialist in the California Health & Wellness network when:

- The specialist in the California Health & Wellness network agrees to a treatment plan for you.
- The specialist provides your PCP with updates on your condition and treatment plan.
- The specialist’s services are part of the benefits covered by California Health & Wellness.

In most cases, we will make a decision about the within five (5) working days. If we do not have all of the information we need to make a decision, it may take fourteen (14) more days. If you think you need a standing referral, talk to your PCP. For more information on specialty providers or extended referrals, call Member Services at 1-877-658-0305 (V/TTY: 711).

If we are not able to make a decision within five (5) working days, we will send you a letter. We will let you know the reason we cannot make a decision yet. Also, we will let you know when we expect to be able to make the decision. Some of the reasons we would need more time to make a decision may include, but are not limited to:

- We need more information from your doctor.
- You may to get more tests done.
- We want to consult with another doctor.

Once we get all of the information we need, we will make a decision within the timeframes shown above.

NOTE: If your specialist refers you to another specialist, your may need to obtain authorization by California Health & Wellness and your PCP.

When do I need California Health & Wellness to approve/authorize my care?

You have to get California Health & Wellness approval for:

- Hospitalization (but not for emergency and urgent care services)
- Services out of the California Health & Wellness service area (but not for emergency and urgent care services)

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- Outpatient surgery,
- Long-term therapy
- Specialized treatments

How do I get California Health & Wellness approval?

Your PCP or specialist will ask us for approval before you get the services. When you need care, always start with a call to your PCP, except in medical emergencies. Some covered services may require approval by California Health & Wellness before services are provided (called “prior approval”). This includes services or visits to an out of network provider and some specialists. Home health services and some surgeries also need to be reviewed. Your doctor can tell you if a service needs review. The list of services needing approval is on the California Health & Wellness website at www.CAHealthWellness.com. You can also call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) to see if something needs to be reviewed by California Health & Wellness.

How long does it take to get California Health & Wellness approval?

Your doctor will give us information about why you need the service. California Health & Wellness will look to see if the service is covered and that it is appropriate.

We will make a decision regarding your provider’s request for authorization as soon as possible based upon your medical condition, and no longer than five (5) business days from receiving the request and all of the necessary clinical information. However, if the request is urgent, we will make a decision within 72 hours of the receipt of the request. If we are not able to make a decision within these timeframes, we will send you a letter. We will let you know the reason we cannot make a decision yet. Also, we will let you know when we expect to be able to make the decision. Some of the reasons we would need more time to make a decision include:

- We need more information from your doctor.
- You may to get more tests done.
- We want to consult with another doctor. Once we get all of the information we need, we will make a decision within the timeframes shown above

We will let you and your doctor know if the service is approved or denied. We will send you a letter within two (2) business days after we make our decision. We will let your doctor know within 24 hours after we make the decision. If you or your doctor are not happy with the

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decision, you can ask us to make a second review. This is called an appeal. See the “What to Do If You Are Not Satisfied” section of this handbook for more information about appeals.

If there are any major changes to the prior authorization process, we will let you and your doctors know right away.

Will California Health & Wellness approve any care I want?

You are covered only for the healthcare services that you *need*. If our Medical Director determines you do not have a medical need for certain services, we will not approve those services. A decision is based only on the appropriateness of care and benefit coverage. California Health & Wellness does not reward Medical Directors or other individuals involved in decision making for denials of coverage. There are no financial incentives to encourage decisions that result in less care.

If we do not approve a requested service, we will tell you why. You will receive a letter explaining why the requested service was not approved. If you do not agree with the explanation given, you may appeal the decision by filing a formal appeal. For information on how to file an appeal, see the “Filing an Appeal” section of this handbook.

To learn more about how we make those decisions, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) and ask for a copy of our medical necessity guidelines.

If you see a provider that does not have a contract with us, California Health & Wellness will not pay for the care you receive from that provider without prior approval.

What are medically necessary services?

Covered services that you receive must be medically necessary. This means getting the right care, at the right place, at the right time. California Health & Wellness uses standard guidelines to make sure you are receiving medically necessary services. California Health & Wellness does not reward its network providers or their staff to deny or delay care.

What if I want a second opinion?

You have the right to a second opinion about your treatment choice. This means talking to a different doctor about an issue to see what they have to say. The second doctor is able to give

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you their point of view. This may help you decide if certain services or methods are best for you.

You can get a second opinion from a network provider for certain services. Some of the reasons you can request a second opinion may include, but are not limited to:

- Surgery
- Treatment or diagnoses of serious or life-threatening conditions
- Complex cases or cases with conflicting test results
- Cases where you – the Member – does not respond well after an appropriate amount of time
- You have concerns about the initial diagnosis or plan of care

To get a second opinion, you can request to be referred to doctors specializing in that area of medicine. Your PCP or California Health & Wellness Member Services staff can help you find a doctor to give you a second opinion. You may choose any California Health & Wellness network provider. Once you decide who you want to see, ask your PCP to refer you. Then make an appointment to see this doctor if the service does not require a prior approval. If the second opinion is different from the first opinion, you or California Health & Wellness can ask for a third opinion.

If you are unable to find a doctor in-network, we will help you find a doctor outside the network. If you need to see an out-of-network provider for the second opinion, it must be prior approved by California Health & Wellness. There is no cost to you for a second or third opinion if California Health & Wellness approves it first.

Most of the time, the second opinion must be from a doctor in our network. However, if there is not a doctor in our network qualified to see you, we will authorize a second opinion from a provider outside of our network.

If you do not know which doctor to see for a second opinion, ask your PCP or call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) for help.

California Health & Wellness will let your PCP and/or specialist know when your request for a second opinion is approved. For a routine condition, we will let your PCP and/or specialist know within five (5) business days of your request. If we do not have all of the information we need to

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make a decision, it may take up to fourteen (14) days. If your case is urgent, we will let your PCP and/or specialist know within 72 hours of your request.

If we deny your request, we will let you, your PCP and specialist know within 24 hours of our decision. If you do not agree with our decision, you can file an appeal. For more information, see the “What to Do If You Are Not Satisfied” section of this handbook.

What if I need urgent care?

You do not need to ask us for approval first before getting emergency or urgent care. You do not have to see a network provider for emergency or urgent care.

What is urgent care?

Urgent care is not emergency care. Urgent care is needed when you have an injury or illness that must be treated within 48 hours. It is usually not life-threatening, yet you cannot wait for a visit with your PCP.

Only go to the emergency room if your doctor tells you to go or you have a life-threatening emergency. When you need urgent care, follow these steps:

- Call your PCP. The name and phone number are on your California Health & Wellness Member ID card. Your PCP may give you care and directions over the phone.
- If it is after hours or a weekend and you cannot reach your PCP, call 24-hour Nurse Line at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). You will be connected to a nurse. Have your California Health & Wellness Member ID card number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP.
- If you are told to see another doctor or go to the nearest hospital emergency room, bring your California Health & Wellness Member ID card. Ask the doctor to call your PCP or California Health & Wellness.

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If you are outside of the California Health & Wellness service area and need urgent care, you must call California Health & Wellness within 24 hours of receiving urgent services or as soon as you are able to.

How do I get emergency care?

If you think you have a health emergency, call 911. You are not required to call your doctor before you go to the emergency room. Do not use the emergency room for routine (regular) healthcare.

California Health & Wellness covers emergency medical services 24 hours a day, 7 days a week, whether provided inside or outside of the California Health & Wellness service area. Emergency services do not need approval from California Health & Wellness and are provided at no cost to you.

Emergency services include treatment of an injury or an onset of what reasonably appears to be an emergency medical condition. An emergency arises when the lack of medical attention could be expected to result in jeopardy to your health or, in the case of a pregnant woman, the health of her unborn child.

It is okay if the hospital does not belong to the California Health & Wellness network. You can use any hospital if it is an emergency. You or someone acting on your behalf **MUST** call your PCP and California Health & Wellness within 24 hours of admission or as soon as reasonably possible. This helps your PCP to provide or arrange for any follow-up care that you may need. We will help you get follow-up care. Call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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When to go to the ER	When NOT to go to the ER
<ul style="list-style-type: none"> • Broken bones • Gunshot or knife wounds • Bleeding that will not stop • Severe chest pain or heart attack • Drug overdose • Poisoning • Severe burns • Convulsions or seizures • Trouble breathing • Shock (you may sweat, feel thirsty or dizzy or have pale skin) • Suddenly unable to see, move or speak • You are pregnant, in labor and/or bleeding • Severe pain 	<ul style="list-style-type: none"> • Flu, colds, sore throats and earaches • A sprain or strain • A cut or scrape not requiring stitches • Diaper rash • To get more medicine or have a prescription refilled

What do I do after an emergency?

California Health & Wellness must be notified within 24 hours after you are admitted to the hospital from the emergency room or, if you are unable to notify us, as soon as you can. It is important for you to see your PCP when you get out of the hospital for follow-up care.

You may need hospital care after an emergency to stabilize your condition. This is called Post-Stabilization Care. Such care does not require prior authorization. It does not matter whether you receive the emergency care in or outside of the California Health & Wellness network. We will still cover services to make sure you are stable after an emergency. Once you are stable after an emergency, we may transfer you to a hospital or provider in our network.

The hospital will ask you for your California Health & Wellness Member ID card. If you don't have your California Health & Wellness Member ID card, tell the hospital to call us at 1-877-658-0305.

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If you do not agree to being transferred to a California Health & Wellness network hospital that can provide the care you need, you may have to pay for the post-stabilization services.

Your PCP must provide follow-up care when you leave the hospital. For maternity-related emergency services, please see the “Pregnancy and Maternity Services” and “Health and Vision Services Covered by California Health & Wellness” sections of this handbook.

How do I get emergency care outside of the California Health & Wellness service area?

If you have an emergency when you are not in the California Health & Wellness service area, you can get emergency services at the nearest emergency facility. Emergency services do not require a referral or approval from your PCP. Emergency services are not covered outside of the United States, except for emergency services requiring hospitalization in Canada or Mexico.

If you are admitted to a hospital not in the California Health & Wellness network, we have the right to transfer you to a network hospital as soon as it is medically safe to do so.

How do I get routine care outside of the California Health & Wellness service area?

For routine (regular) care, all healthcare services are provided in the California Health & Wellness service area. Routine care outside of the California Health & Wellness service area is not covered.

In most cases, you need to get care within the California Health & Wellness network and within the California Health & Wellness service area.

If you get care from a non-contracted provider (a doctor or other provider that is not a part of the California Health & Wellness network) or outside of the California Health & Wellness service area, you may be billed by the provider and you may have to pay, except for emergency care, urgent care, family planning and sexually transmitted disease (STD) testing services. You can learn more about this under the “How do I get emergency care?” section of this handbook.

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The California Health & Wellness service area includes the following 19 counties in California:

Alpine	Colusa	Inyo	Placer	Tehama
Amador	El Dorado	Mariposa	Plumas	Tuolumne
Butte	Glenn	Mono	Sierra	Yuba
Calaveras	Imperial	Nevada	Sutter	

How do I get out-of-network care?

While out-of-network emergency services do not need approval from California Health & Wellness, all other covered services from out-of-network providers need prior approval by California Health & Wellness. We will first check to see if there is a network provider that can treat your medical condition. If there is not, we will help you find an out-of-network provider. You will be financially responsible for payment of the out-of-network service(s) if California Health & Wellness did not approve the visit or service. If you have questions, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

What if I can't get the services I need from a network provider?

If no California Health & Wellness network provider can give you the services you need, you can get those services from a provider outside our network. But first, your PCP must ask California Health & Wellness for approval. If your case is urgent, we will let your PCP and/or specialist know within 72 hours. For non-urgent cases, we will let your PCP and/or specialist know within five (5) business days.

How long should I have to wait for an appointment?

Network providers will be open at reasonable times. You will get an appointment based on your medical needs. You should be given an appointment within the following time frames:

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Type of Provider Appointment	Scheduling Time Frame
Regular and Routine	Within 10 business days
Specialist	Within 15 business days of request
Non-urgent Ancillary Services	Within 15 business days of request
Urgent (Services that do not require prior authorization)	Within 48 hours of request
Urgent (Services that require prior authorization)	Within 96 hours of request
Emergency	Immediately or refer to ER

What if your provider leaves the network?

If we know that your PCP is planning to leave the California Health & Wellness provider network, we will send you a notice at least 30 calendar days before the date this occurs. You can select a new PCP, or we will automatically reassign you to another PCP. We will send you a new Member ID card identifying your new PCP. You can also change your PCP by calling Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) or using the secure online Member health account at www.CAHealthWellness.com. If you do not yet know which new PCP you might choose, please contact Member Services, and we can help you find a new PCP. If you don't know if a doctor is contracted, you can contact us, and we will look it up for you.

Continuity of Care for Members

If you are a new Member to California Health & Wellness and are receiving care for certain conditions from a provider that is not a part of our network when you join our plan, we may cover the care if the provider agrees to work with us, or if we do not have a provider in our network who can render the treatment.

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If you are an existing Member and your provider stops participating in the California Health & Wellness network while you are getting covered services from him/her, you may be able to keep getting some services from that provider for:

- ***Acute conditions.*** Covered services will be provided for the duration of the condition.
- ***Serious chronic conditions.*** Covered services will be provided for a period of time, not to exceed 12 months from the date of the provider's termination.
- ***Pregnancy care.*** Covered services will be provided for the duration of the pregnancy, including immediate postpartum care.
- ***Terminal illnesses.*** Covered services will be provided for the duration of the illness.
- ***Care for children under age 3.*** Coverage limit will be the earlier of: 1) 12 months from the child's effective date of coverage if the child is a new Member; 2) 12 months from the termination date of the terminated provider; or 3) the child's third birthday.
- ***Surgery or another procedure that is part of a course of treatment.*** The care must be recommended and documented by the provider to occur within 180 days of the date of the provider's termination.

If the non-contracted or terminated provider does not agree to the California Health & Wellness contractual terms and payment rates of our contracted providers, we will not approve a request to cover such services.

To learn more and to request services or a get a copy of our continuity of care policy, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Continuity of Care for Seniors and Persons with Disabilities

If you are a new member to California Health & Wellness and you are a Senior or Person with a Disability (SPD), you may be able to keep seeing your same doctor, even if that doctor is out of our network. You may be able to keep getting some services from that provider if:

- You have been treated by the provider in the 12 months prior to becoming a California Health & Wellness member
- There are no quality of care issues with the provider
- We can reach an agreement with the provider on rate of payment for services

California Health & Wellness must approve Continuity of Care requests.

To learn more or to request Continuity of Care, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305)

What do I do if I get a bill for a covered service?

California Health & Wellness pays for all covered medical costs approved by your PCP, specialist and for an emergency. There is no co-payment for services. Be sure to talk with your doctor about services that are covered and services that are not covered. As long as you follow our health plan rules, you should not get a bill for any services covered by California Health & Wellness.

If you get a bill for a service that should be covered by California Health & Wellness, call your provider right away. Make sure your provider has all of your insurance information and knows to bill California Health & Wellness. If you still get a bill from the provider after you give your insurance information, call Member Services at 1-877-658-0305 (TDD/TYY 1-866-274-6083) for help. California Health & Wellness will make sure the doctor stops sending you a bill. Do not pay the bill yourself.

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If you ask for a service that is not covered by California Health & Wellness, your doctor may ask you to sign a statement saying you will pay for the service yourself. If you sign a statement saying you will pay for the non-covered service, then you are responsible for the bill. If you have any questions about a bill, Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

What if I get a bill from a provider not in the California Health & Wellness network?

You may get a medical bill if you go to a doctor that does not work with California Health & Wellness or is located outside of the California Health & Wellness service area. If this happens, then you may be billed by the doctor, and you may have to pay for services that are not covered by California Health & Wellness. If you pay the bill, keep a copy or record of your payment. Send a copy of your payment to California Health & Wellness for review. If the bill is for covered or authorized services, you may receive a refund from the doctor or California Health & Wellness.

What if I get a bill for emergency or urgent care?

You should not be billed for emergency care, urgent care, the care required to stabilize an emergency condition, family planning services or for sexually transmitted disease testing at a clinic. If you receive a bill, do not pay it. Call Member Services at 1-877-658-0305 (TDD/TYY 1-866-274-6083) right away so we can take care of the bill for you.

If you get a bill for covered services and need help or want to file a complaint, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Section 5: How to Obtain Prescription Drugs

Sometimes when you are sick or have a health condition like asthma or diabetes, your doctor may give you a prescription. Your doctor will give you a prescription based on your health needs status.

California Health & Wellness covers most of the drugs your doctor says you need. Your doctor will write a prescription so you can take it to the pharmacy or he/she may be able to send the prescription for you. California Health & Wellness provides prescriptions for our Members through pharmacies that are contracted with us. You can get your prescriptions filled at most pharmacies. It is important that you show your California Health & Wellness Member ID card at the pharmacy. If you need help finding a pharmacy or have trouble getting your drugs, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

There are some drugs that may not be covered through California Health & Wellness. A California Health & Wellness pharmacy can let you know which drugs are not covered or help you find another drug that is covered. You can also ask your doctor about what drugs are covered and what is best for you. To see what drugs are on the Preferred Drug List (PDL), call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). You can also view the PDL at www.CAHealthWellness.com.

As a Medi-Cal Member, you should not be asked to pay for prescription drugs. Call California Health & Wellness if you are asked to pay for a Medi-Cal prescription.

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How to Get a Prescription Filled at the Pharmacy:

- Choose a network pharmacy near you.
- Bring your prescription to the pharmacy.
- Give the prescription to the pharmacy with your California Health & Wellness Member ID card. This will help the pharmacy fill your prescription.
- Make sure you give the pharmacy your correct address and phone number.
- Make sure the pharmacy knows about all medications you are taking and any allergies you have to any medicine.
- If you have any questions about your prescriptions(s), make sure you ask the pharmacist.

For New Prescriptions:

If you are filling a prescription for the first time, you must get your prescribed drugs from a pharmacy that works with California Health & Wellness. California Health & Wellness provides prescriptions for our Members through pharmacies that are contracted with US Script. You can find a list of pharmacies and their hours of operation in the California Health & Wellness printed Provider Directory or to find pharmacies near you, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). You can also search for pharmacies near you and their hours of operation by using the Find a Provider tool at www.CAHealthWellness.com.

For Prescription Refills:

California Health & Wellness allows a 30-day supply of your prescription drugs at a time. You can get a 90-day supply of oral contraceptives at a time. For refills of your covered medications, you can go to a pharmacy that works with California Health & Wellness.

When do I need approval for a prescription to be filled?

Some drugs on the PDL have limits or require prior approval before your prescription can be filled. Drugs not on the PDL also require a prior approval. If your doctor feels you have a medical reason to get the drug, they can ask California Health & Wellness for coverage

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authorization. If California Health & Wellness does not grant the approval, you and your doctor will be notified of the decision and given instructions on how to file an appeal. See the “What to Do If You Are Not Satisfied” section in the handbook for more information about appeals.

If your doctor cannot be reached to request approval for a drug that requires prior authorization, you may be able to get a 72-hour (3-day) emergency supply. Your pharmacy must call us to allow the 72-hour supply to process.

Getting an Emergency Drug Supply

In an urgent situation, a pharmacy may give you a three (3) day emergency supply of medication, if it is needed. California Health & Wellness will pay for this emergency supply.

Getting Drugs to Control Pain if You Have a Terminal Illness

California Health & Wellness covers medications to control pain in members with a terminal illness. Some pain medications are not on the PDL or have limits that require prior approval before they can be filled. If your doctor feels you have a medical reason to get the drug, they can ask California Health & Wellness for coverage authorization.

What if I need an over-the-counter drug?

Some over-the-counter (OTC) drugs are covered through California Health & Wellness. In order for an OTC drug to be covered, it must be written on a valid prescription by a licensed doctor. If you purchase OTC drugs without a prescription from a doctor, you will have to pay for them.

What drugs are not covered?

Some drugs are not covered through California Health & Wellness. These include, but are not limited to, the following:

- Drug Efficacy Study Implementation (DESI) drugs
- Fertility agents
- Drugs used for cosmetic purposes
- Drugs used to treat erectile or sexual dysfunction
- Over-the-counter cough and cold drugs
- Over-the-counter adult acetaminophen drugs (for example, Tylenol®)
- Drugs used in a way that is not approved by the Food and Drug Administration (FDA). (Drugs used this way may be covered in certain cases of treatment of a life-

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threatening condition, or when its use is considered safe and effective based on medical research.)

What if I need drugs from a specialty pharmacy?

Certain drugs are only covered when they are supplied by a specialty pharmacy provider. These drugs require prior approval before your prescription can be filled. The pharmacy will inform your doctor if the drug you need requires prior approval.

Pharmacy Home Program

California Health & Wellness reviews our members' prescription history. We do this to make sure the pharmacy benefit is being used as it should be and to help keep members safe.

If we find that that you filled three (3) prescriptions for narcotic pain medication monthly, prescribed by three (3) different prescribers for three (3) straight months, you may get a letter from California Health & Wellness to let you know that you could be enrolled in the Pharmacy Home Program.

If you fill three (3) prescriptions for narcotic pain medication monthly, prescribed by three (3) different prescribers for the next three (3) straight months, we may assign you to a pharmacy to fill all of your non-emergency drugs for 12 months. This will be your Pharmacy Home. You may request to change your assigned pharmacy.

If you have questions about the Pharmacy Home Program, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305.)

What is California Children's Services Program?

California Children's Services (CCS) is a state program for children with certain diseases or health problems. Through this program, children can get the healthcare and services they need. CCS will connect you with doctors and trained health care people who know how to care for your child with special health care needs.

Qualifying for CCS

Children qualify for the program if they:

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- Are under 21 years old
- Have a medical condition that is covered by CCS
- Are a resident of California
- Have one of the following:
 - Healthy Families Insurance
 - Medi-Cal beneficiary with full benefits
 - Family income of \$40,000 or less
 - Out-of-pocket medical expenses expected to be more than 20 percent of family's adjusted gross income
 - Adopted with a known health problem that is covered by CCS
 - Medical Therapy Program need

Applying for CCS

1. Complete the [English CCS Application](#) or [Spanish CCS Application](#) and return it to your [county CCS office](#)
2. Give CCS all of the information requested so CCS can determine if your family qualifies
3. [Apply to Medi-Cal](#) if CCS asks you to

Benefits Covered

If your child has a special health problem that is covered by CCS, then CCS may pay for or help with:

- Doctor visits and care
- Hospital stays
- Surgery
- Physical and occupational therapy
- Tests
- X-rays
- Medical equipment and supplies
- Medical case management to help get special doctors and to refer you to other agencies, such as public health nursing and regional centers
- [Medical Therapy Program](#), which provides physical therapy and/or occupational therapy in public school

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California Health & Wellness will continue to provide your medically necessary services until CCS eligibility is confirmed. California Health & Wellness will also provide medically necessary services that are not covered by CCS.

California Health & Wellness will work with CCS to provide case management and coordinate services between your Primary care Provider, the CCS specialty providers and the local CCS program.

Continuity of Care for Existing Relationships

We recognize the importance of nurturing the patient-PCP relationship to establish care continuity for members. Some members may already have existing relationships with a provider prior to their enrollment with California Health & Wellness. California Health & Wellness supports continuation of previous or existing relationships between providers and members through its ongoing member outreach efforts. These outreach efforts start when we first receive notification of the member's enrollment with our plan and when we learn of an existing member-PCP relationship (such as through State claim data, member initiated contact, provider rosters or similar means). If the pre-existing relationship is with a provider who is a contracted PCP, we link the member and provider in our eligibility system and generate an ID card that contains the assignment of the member to the PCP.

If a member has been receiving services from a provider who is not contracted with California Health & Wellness and the member wishes to continue receiving services from the provider, the member can complete and submit a Continuity of Care Request Form, which can be accessed by using this link: [CoC Request Form](#). California Health & Wellness may approve the request; the approved duration may vary based upon the medical condition and eligibility of the member, but will not exceed 12 months. At a minimum, the following criteria must be satisfied for a Continuity of Care Request to be considered:

The member established a relationship with the provider that is not contracted with California Health & Wellness prior to the effective date of the member's enrollment in the plan;

The provider meets applicable professional standards and does not have a record of any disqualifying quality of care issues; and

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The provider is willing to continue treating the member and accepts California Health & Wellness' reimbursement rates.

If you would like to choose a different PCP or need more information, please contact Member or Provider Services at 1-877-658-0305 (V/TTY: 711).

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Section 6: Your Benefits at a Glance

The chart below shows a quick summary of your benefits. This list does not include every covered and non-covered benefit or service. All services may have certain limits, which are described more fully in Section 7: Your Benefits and Services. Also please note that some services require prior approval by California Health & Wellness.

Service	Coverage	Details and Limitations
Abortion	Covered	Prior Authorization is not required for outpatient services. See Page 54 for more details
Acupuncture	Covered	Up to 2 acupuncture services in any calendar month. Additional treatments may be covered if medically necessary
Alcohol and Substance Abuse Treatment Services (including drugs used for treatment and outpatient heroin detoxification services)	Covered by Medi-Cal Fee-For-Service	Contact the Medi-Cal Fee-for-Service Program for information
Allergy Services (testing and desensitization)	Covered	Limits apply when office visits are billed in conjunction with allergy services
Ambulance – Emergency Transportation	Covered	Ground, Rotary Wing, Fixed Wing transportation only
Ambulance – Non-Emergency Transportation	Covered	Ground, Rotary Wing, Fixed Wing transportation only
Ambulatory Surgery Center	Covered	
Anesthesia Services	Covered	
Artificial Insemination	Not Covered	
Audiology Services	Covered	Members age 21 years and older are subject to the state’s

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Service	Coverage	Details and Limitations
		<p>Optional Benefits Exclusion (OBE) coverage guidelines</p> <p>Refer to CCS guidelines for Members under age 21 years</p>
Bariatric Surgery	Covered	<p>Only covered in CMS/MBSAQIP recognized bariatric centers if Member has reasonable access to a certified center</p> <p>Other limitations apply</p>
Behavioral Health Treatment for Autism Spectrum Disorder	Covered	<p>You do not qualify for BHT services if you:</p> <ul style="list-style-type: none"> • Are not medically stable; or • Need 24-hour medical or nursing services; or • Have an intellectual disability (ICF/ID) and need procedures done in a hospital or an intermediate care facility. <p>If you are currently receiving BHT services through a Regional Center, the Regional Center will continue to provide these services until a plan for transition is developed. Further</p>

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Service	Coverage	Details and Limitations
		information will be available at that time. You can call California Health & Wellness if you have any questions or ask your Primary Care Provider for screening, diagnosis and treatment of ASD.
Biofeedback	Not Covered	
Birth Centers	Covered	Limitations may apply
Blood and Blood Derivative Products	Covered	Designated providers for contract blood factors Other limitations may apply
Blood Pressure Equipment	Covered	Covered only for documented malignant hypertension or End Stage Renal Disease
Bone Density Testing	Covered	One test per year for specified diagnoses Not covered if for screening purposes only
Breast Pumps	Covered	
California Children's Services (CCS) Program medical services for children with certain special health problems	Covered by CCS Program	Contact the CCS Program for more information Only for Members under age 21 years
Clinical Trials	Covered	Member and trial must meet specific medical criteria
Certified Nurse Midwife	Covered	

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Service	Coverage	Details and Limitations
Chemotherapy	Covered	Refer to CCS guidelines for Members under age 21 years
Chiropractic Services	Covered with limitations Covered by Medi-Cal Fee-For-Service outside of Federally Qualified Health Center or Rural Health Center.	Covered if received in a Federally Qualified Health Center or Rural Health Center.
Child Health and Disability Prevention (CHDP) Services	Covered	
Christian Science Practitioners	Covered by Medi-Cal Fee-For-Service	Contact Medi-Cal Fee-for-Service Program for information
Circumcision	Not Covered if routine or elective Covered if medically necessary	
Community Based Adult Services (CBAS)	Covered	Limitations apply
Comprehensive Perinatal Services Program	Covered	Limitations may apply
Cosmetic Surgery (not medically necessary)	Not Covered	
Dental (dental providers/services)	Covered by Denti-Cal	Contact the Denti-Cal program for more information

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Service	Coverage	Details and Limitations
Dental (medical providers/medical services related to dental services)	Covered	Certain prescription drugs Laboratory services Pre-admission physical examinations Facility fees/anesthesia both inpatient/outpatient
Diabetic Services	Covered	Under age 21 years refer to CCS guidelines
Dialysis	Covered	Under age 21 years refer to CCS guidelines
Directly Observed Therapy (DOT)	Covered by Medi-Cal Fee-for-Service and County Health Department	DOT is specific tuberculosis (TB) treatment rendered by local Health Departments Contact Medi-Cal Fee-for-Service Program for information
Durable Medical Equipment	Covered	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Covered	Only for Members under age 21 years
Emergency Room Services	Covered	
Enteral and Parenteral Nutrition	Covered	
Erectile Dysfunction Drugs and Therapies	Not Covered	
Experimental Services (other than those provided in covered clinical trials)	Not Covered	This includes, but is not limited to drugs, equipment, procedures or services that are in a testing phase undergoing laboratory and/or animal studies prior to testing in humans

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Service	Coverage	Details and Limitations
Family Planning Services (and supplies)	Covered	Limitations may apply
FQHC – Federally Qualified Health Center services	Covered	
Fluoride Varnish (non-dental provider)	Covered	<p>Only for Members under age 6 years</p> <p>Covered 3 times in a 12 month period</p> <p>Service must be provided by physicians, nurses and other medical personnel</p>
Gender Reassignment Surgery	Covered	<p>Procedures that are not medically necessary are not covered</p> <p>Members age 18 years and older</p>
Health Education	Covered	<p>Includes access to an online health library, referrals to community resources and health programs on asthma, back pain, diabetes, heart failure, high blood pressure, quitting smoking and weight management</p> <p>Call California Health & Wellness at 1-877-658-0305 for more information</p>
Hearing Aids and Repairs	Covered	<p>Limitations may apply</p> <p>Refer to CCS guidelines for Members under age 21 years</p>

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Service	Coverage	Details and Limitations
Hearing Screenings	Covered	Members age 21 years and older are subject to the state's Optional Benefits Exclusion (OBE) coverage guidelines Other limitations may apply Refer to CCS guidelines for Members under age 21 years
HIV Testing and Counseling	Covered	
Home and Community Based Services (HCBS) – Waiver Programs	Covered by Medi-Cal Fee-For-Service	Contact Medi-Cal Fee-for-Service Program for information
Home Health Care Services	Covered	Limitations may apply
Hospice Care	Covered	Limitations may apply
Hospital Services – Inpatient	Covered	
Hospital Services – Outpatient	Covered	
Hyperbaric Oxygen Therapy – HBO	Covered	Limitations may apply, depending on diagnosis, frequency, and provider type Refer to CCS guidelines for Members under age 21 years
Hysterectomy	Covered	Not covered if performed only to make a Member permanently sterile
Immunizations (adults and children)	Covered	Vaccines For Children Program only for children Other limitations may apply
Incontinence Creams and Washes	Covered	Members age 21 years and older are subject to the state's

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Service	Coverage	Details and Limitations
		Optional Benefits Exclusion (OBE) coverage guidelines Other limitations may apply
Indian Health Programs	Covered	
Infertility (diagnosis and treatment)	Not Covered	
Injectable Medications	Covered	Limits apply to certain medications
Interpreter Services	Covered	
Investigational Services	Covered	Including, but not limited to drugs, equipment, procedures or services for which laboratory and animal studies have been completed and for which human studies are in progress but: <ul style="list-style-type: none"> • Testing is not complete, • The efficacy and safety of such services in human subjects are not yet established, and • The service is not in wide usage Other limitations may apply
Laboratory and Pathology Services (inpatient and outpatient)	Covered	
Laboratory Services – State Serum Alpha fetoprotein Testing Program	Covered by Medi-Cal Fee-For-Service	Administered by the Genetic Disease Branch of California Department of Public Health
Local Educational Agency (LEA) Services	Covered by Medi-Cal Fee-For-Service	Contact Medi-Cal Fee-for-Service Program for information

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Service	Coverage	Details and Limitations
Local Health Department	Covered	Directly Observed Therapy (DOT) is covered by Medi-Cal Fee-For-Service
Long Term Care (LTC)	Covered by Medi-Cal Fee-For-Service	<p>Upon acceptance by state for LTC, Member is dis-enrolled from California Health & Wellness Plan</p> <p>LTC is care in a facility for longer than the month of admission plus one month. These health care facilities include skilled nursing facilities, Sub-Acute facilities, pediatric Sub-Acute facilities, and intermediate care facilities</p> <p>Contact Medi-Cal Fee-for-Service Program for information</p> <p>Please note: Hospice services are not considered LTC</p>
Mammography (screening)	Covered	Unless medically necessary, covered for those age 40-74 years
Mental Health Services	Covered by California Health & Wellness	Certain Outpatient Mental Health Services for treatment of mild to moderate mental health conditions are covered. Services for relational problems are not covered.

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Service	Coverage	Details and Limitations
	Covered by Medi-Cal Fee-For-Service (with exceptions *)	Contact Medi-Cal Fee-for-Service Program for information *Exceptions covered by California Health & Wellness Plan include certain Outpatient Mental Health Services, lab, radiology, pharmacy, Medicare/Medi-Cal crossover claims, FQHC, RHC, IHS, and out of state providers (not border states). Specific diagnoses applicable to Inpatient Hospital and Home Health
Non-Emergency Medical Transportation (NEMT) – other than ambulance	Covered	Benefit managed by LogistiCare http://www.logisticare.com Limitations may apply
Non-Medical Equipment	Not Covered	
Obstetrical/Gynecological Services	Covered	
Ostomy Supplies	Covered	
Oxygen and Respiratory (services, supplies, equipment)	Covered	
Pain Management	Covered	Limits include, but are not restricted to, specific diagnoses

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Service	Coverage	Details and Limitations
Pap Smears (routine/preventative)	Covered	Age 21 years and older
Pediatric Day Health Care	Covered by Medi-Cal Fee-For-Service	Contact the Medi-Cal Fee-for-Service Program for information
Personal Care Services	Covered by Medi-Cal Fee-For-Service	Contact the Medi-Cal Fee-for-Service Program for information
Personal Comfort Items	Not Covered	
Physical, Occupational and Speech Therapy	Covered	Speech Therapy: Members age 21 years and older are subject to the state's Optional Benefits Exclusion (OBE) coverage guidelines Other limitations may apply Refer to CCS guidelines for Members under age 21 years
Physician, Registered Nurse Practitioner, or Physician Assistant Services	Covered	
Podiatry Services	Covered	Covered when provided by Federally Qualified Health Center or Rural Health Center Other limitations may apply. Contact the Medi-Cal Fee-for-Service program for additional information

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Service	Coverage	Details and Limitations
Prayer or Spiritual Healing	Covered by Medi-Cal Fee-For-Service	Contact Medi-Cal Fee-for-Service Program for Information
Prescription Drugs	Covered	Benefit managed by U.S. Script http://www.usscript.com
Preventive Care Services	Covered	Services for children and adults include, but are not limited to; preventative health assessment visits, well child care, screenings (e.g.: pap smears, mammograms, total serum cholesterol, etc.), and immunizations Some limitations may apply
Prosthetic and Orthotic Devices and Specialized Footwear	Covered	Some limits apply Refer to CCS guidelines for Members under age 21 years
Radial Keratotomy	Not Covered	
Radiation Therapy	Covered	Refer to CCS guidelines for Members under age 21 years
Radiology Services (high tech imaging)	Covered	MRI, MRA, CAT and PET Benefit managed by NIA www.radmd.com
Radiology Services (other than high tech imaging)	Covered	
Reconstructive Surgery (non-cosmetic)	Covered	Some limits apply Refer to CCS guidelines for Members under age 21 years
Rehabilitative Services	Covered	

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Service	Coverage	Details and Limitations
Rural Health Clinic	Covered	
Services not allowed by federal or state law	Not Covered	
Sexually Transmitted Diseases (STD) – screening and treatment	Covered	
Skilled Nursing Facility (SNF)	Covered	
Specialist Physician Consultations	Covered	
Sterilization Services	Covered	Only for Members age 21 years and older Consent form is required with claim submission (some exceptions may apply)
Substance Use Disorder Preventive Services	Covered by California Health & Wellness	Members age 18 years and older can get one (1) expanded screening and three (3) 15-minute brief intervention sessions to address risky alcohol use per year
Targeted Case Management Services	Covered by Medi-Cal Fee-For-Service	Refer to Medi-Cal for limits
Temporomandibular Joint Disorder (TMJ) – Medical Treatment	Covered	
Tobacco Cessation	Covered	Some limits apply
Transplant Services – Kidney and cornea	Covered	Refer to CCS guidelines for Members under age 21 years
Transplant Services –Major Organs, except kidney, such as bone marrow, , heart and liver	Covered by Medi-Cal Fee-For-Service	Upon acceptance by approved transplant program Member is dis-enrolled from California Health & Wellness

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Service	Coverage	Details and Limitations
		Refer to CCS guidelines for Members under age 21 years
Urgent Care Center Services	Covered	
Vision – Other than Optical Lenses	Covered	Benefit managed by OptiCare http://opticare.com Some limitations apply
Vision – Optical Lenses	Covered	Benefit managed by OptiCare http://opticare.com Some limitations may apply
Women, Infants and Children’s Program (WIC)		Some limitations apply. See page 80 for details.

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Section 7: Your Benefits and Services

This section describes your California Health & Wellness covered benefits and benefit limits, as well as other Medi-Cal benefits outside of California Health & Wellness by the state's Medi-Cal program (see the "Medi-Cal Benefits Not Covered by California Health & Wellness" section in this handbook). With California Health & Wellness, you are able to receive medical services and benefits listed in this section. You are responsible to pay for any services not covered by California Health & Wellness or not covered by Medi-Cal.

From time to time, there may be changes in the services that we cover or that are covered by Medi-Cal. When there are changes, we will send you a notice.

PLEASE NOTE:

- California Health & Wellness will not limit or deny services because of a condition you already have.
- For services which are medically necessary and covered by California Health & Wellness, you will not have any co-payments (co-pays), deductibles or other cost sharing.
- If California Health & Wellness does not pay a provider for medically necessary covered services, you will not be responsible for payment.
- If you receive healthcare services which are not medically necessary or if you receive care from doctors who are out of the California Health & Wellness network, you may be responsible for payment (except in the event of an emergency).
- If you have questions about medical necessity or which doctors are in our network, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Health and Vision Services Covered by California Health & Wellness

Here is a list of covered, medically necessary health and vision services under California Health & Wellness. There are no co-payments for these services in the California Health & Wellness network of providers.

Remember that except for emergency or urgent care services, California Health & Wellness covers only services and supplies that you need and that are provided, prescribed or authorized by your provider, and if necessary, approved by California Health & Wellness. If you disagree with what is covered, see the “Members Rights and Responsibilities” section of this handbook for specific details.

Abortion

Abortion services are covered by California Health & Wellness as a physician service. It is covered without California Health & Wellness approval if done as an outpatient service or in the event of an emergency. You do need California Health & Wellness approval if done as an inpatient service. You may go to any provider of your choice for abortion services, at any time for any reason, regardless of network affiliation.

Acupuncture

We will cover up to two outpatient acupuncture services in any calendar month. Additional services may be covered if they are determined to be medically necessary. You must receive prior authorization to receive more than two acupuncture services in a calendar month.

There is no frequency limit if you are getting acupuncture services through the Early and Periodic Screening, Diagnosis, & Treatment program,

Allergy Services

We cover allergy testing and allergy injection by a Participating Provider and require prior approval if furnished by a nonparticipating provider.

Asthma Services

We cover services for the treatment and management of asthma, including:

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- Nebulizers (including face mask and tubing), inhaler spacers and peak flow meters for management and treatment of asthma; and
- Member education on proper use of nebulizers, inhaler spacers and peak flow meters for asthma.

Behavioral Health Treatment for Autism Spectrum Disorder

California Health & Wellness covers behavioral health treatment (BHT) for autism spectrum disorder (ASD). This treatment includes applied behavior analysis and other evidence-based services. This means the services have been reviewed and have been shown to work. The services should develop or restore, as much as possible, the daily functioning of a Member with ASD.

BHT services must be:

- Medically necessary; and
- Prescribed by a licensed doctor or a licensed psychologist; and
- Approved by the Plan; and
- Given in a way that follows the Member's Plan-approved treatment plan.

You may qualify for BHT services if:

- You are under 21 years of age; and
- Have a diagnosis of ASD; and
- Have behaviors that interfere with home or community life. Some examples include anger, violence, self-injury, running away, or difficulty with living skills, play and/or communication skills.

You do not qualify for BHT services if you:

- Are not medically stable; or
- Need 24-hour medical or nursing services; or

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- Have an intellectual disability (ICF/ID) and need procedures done in a hospital or an intermediate care facility.

If you are currently receiving BHT services through a Regional Center, the Regional Center will continue to provide these services until a plan for transition is developed. Further information will be available at that time.

You can call California Health & Wellness if you have any questions or ask your Primary Care Provider for screening, diagnosis and treatment of ASD.

Cost to Member:

- There is no cost to the Member for these services.

Blood and Blood Products

We cover blood and blood products except for the cost of handling blood that someone donates for a specific patient.

Clinical Trials

We cover services that are related to a clinical trial at no charge when all of the following are met:

- You have been diagnosed with cancer or another life-threatening disease.
- You have been accepted into a clinical trial for cancer.
- Your physician thinks that the clinical trial will benefit you.
- The services are covered in this Member Handbook.
- The clinical trial is to treat your life-threatening condition and not just to find out if a drug is safe.
- The clinical trial must involve a drug that does not need a new drug application or does not need to be approved by the National Institutes of Health, Food and Drug Administration (FDA), Department of Defense or Department of Veterans Affairs.

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We do not cover:

- Services that are provided only for data collection and analysis.
- Services that someone in a clinical trial usually gets from the sponsors of the trial free of charge.
- Services related to drugs or items that have not been approved by the FDA.

Cancer Screening Exams

We cover all standard cancer screening tests, including, but not limited to, mammography, prostate cancer screening, PAP tests and human papillomavirus (HPV) screening tests that are approved by the FDA. We also cover FDA-approved cervical cancer screening tests as a necessary part of preventive services.

Community Based Adult Services (CBAS)

CBAS is a service you may qualify for if you have health problems that make it hard for you to take care of yourself and you need extra help. You will need to qualify to get CBAS services. If you qualify, California Health & Wellness will send you to the CBAS center that best meets your needs. If there is no CBAS center near you, California Health & Wellness will help you get services from other providers.

CBAS centers offer many services including:

- Skilled nursing care
- Social services
- Meals
- Nutritional counseling
- Physical therapy
- Speech therapy
- Occupational therapy
- Transportation to and from the CBAS center

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CBAS centers also offer training and support for your family and/or caregiver.

You may qualify for CBAS if:

- You used to get these services from an Adult Day Health Care (ADHC) center and you are approved to get CBAS
- Your Primary Care Provider refers you for CBAS and you are approved to get CBAS by California Health & Wellness
- You are referred to CBAS by a hospital, skilled nursing facility or community agency and you are approved to get CBAS by California Health & Wellness

Diabetes Management and Treatment

We cover medically necessary services, supplies and equipment for insulin dependent, non-insulin dependent and gestational diabetes. We also cover:

- Over-the-counter test strips, pumps, and syringes
- Prescription medications like insulin and glucagons
- Outpatient self-management training, education, and nutrition therapy if provided by a licensed health care professional

Doctor Visits, Exams and Surgery by a Participating Provider

We cover services you get in a doctor's office, like well-baby care, immunizations, physical exams, and family planning. We also cover medically necessary doctor visits and exams at:

- Your home – House calls by a California Health & Wellness provider in the *service area* when your California Health & Wellness provider finds that you can best get services in your home
- Hospitals
- Skilled Nursing Facilities

(Also see the "Preventive Care Services" section of this handbook.)

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Durable Medical Equipment, Medical Supplies, Orthotic and Prosthetic Devices

Durable medical equipment (DME) is something that:

- Can withstand repeated use;
- Is used for a medical purpose;
- Is generally not useful to someone who is not ill or hurt; and
- Is safe for use in or out of the home.

We cover DME items, like crutches and wheelchairs, if prescribed by a network provider and approved by California Health & Wellness. The wheelchair Prior Authorization process includes a personal medical evaluation to ensure the equipment is appropriate for use inside and outside the member's home. Medical supplies like bandages, tape, and dressings used in a network provider's office, clinic or in an emergency are covered, if medically necessary. Prosthetic devices are used when there is a need to restore the function of a body part. Prosthesis such as breast prosthesis or an artificial limb or eye, are covered if prescribed by your network provider and approved by California Health & Wellness. If prescribed by a network provider and approved by California Health & Wellness, we cover the purchase or rental of:

- Mechanical appliances for orthopedic use;
- Oxygen and rented equipment to administer the oxygen;
- Crutches, canes and standard wheelchairs; and
- Mechanical equipment to treat chronic or acute organ failure.
- Specialized footwear.

We also cover replacement equipment or devices if your condition has changed, if you grew, or if the loss or destruction of the equipment was beyond your control. Your PCP and California Health & Wellness decide whether to rent or buy the equipment. You must get the equipment from the provider that California Health & Wellness approves.

We do not cover:

- Air conditioners, humidifiers, dehumidifiers, or other personal comfort items;
- Common household items; or
- Braces or other devices used primarily for athletic competition or recreational activities.

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Emergency Medical Care

In an emergency, call 911 right away or go to the nearest hospital. You must let California Health & Wellness know about the emergency within 24 hours, or as soon as possible. We only cover emergency services in an emergency room or urgent care center if you have reasonably believed you had an emergency medical condition. We will cover the doctor's screening exam to see if you have a medical emergency. If you need follow-up services after your emergency care, your PCP or California Health & Wellness must approve it.

Emergency Hospitalization

If you are hospitalized because of an emergency medical condition, California Health & Wellness may transfer you to a network hospital as soon as the treating doctor says it is safe to do so.

If you want to stay in a hospital that is not a network hospital after your condition is stable as determined by the treating doctor, we will not cover the non-emergency follow-up services that you receive from the non-network providers or in a non-network facility.

Enteral Nutrition

Enteral nutrition is a way to provide food, such as formula, orally (by mouth) or through a tube placed in the nose, stomach or small intestine.

We cover enteral nutrition products (such as formula), when there is a medical need. If you are under the age of 21 years, the formula might be covered by California Children's Services. Your doctor must first get a prior authorization from California Health & Wellness. If approved, you can get your formula with a prescription at a pharmacy that works with California Health & Wellness. See Section 5 about "How to Obtain Prescription Drugs" in this handbook for special details on the prior authorization process.

Eye Glasses, Contact Lenses, Low Vision Aids, Prosthetic Eyes, and Other Eye Appliances

We cover these items once every two (2) years. You must get approval from your PCP and California Health & Wellness, first. Eyeglass frames, lenses and contact lenses are covered for Members up to 21 years of age.

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Bandaged contact lenses, based on medical necessity, are a covered benefit for Members over 21 years of age.

Optical lenses are made by the California Prison Authority (CALPIA) optical laboratories; however, California Health & Wellness must arrange for this service.

Family Planning Services

We cover family planning for Members, including all FDA-approved birth control methods, like diaphragms, IUDs, Norplant and contraceptive drugs. Emergency contraceptives are also covered without an authorization from California Health & Wellness. Birth control products obtained at a pharmacy must have a written prescription from your doctor to be covered.

You can get family planning services from your PCP, OB/GYN or nurse practitioner. You can also choose a doctor or clinic not connected with California Health & Wellness. You do not need to get permission from California Health & Wellness to get these services and California Health & Wellness will pay the doctor or clinic for your family planning services.

For more information or for a qualified doctor or clinic, call the California Department of Health Care Service's Office of Family Planning toll-free at 1-800-942-1054.

Hearing Tests and Hearing Aids

We cover hearing tests when your PCP authorizes the exam. We also cover rentals, replacements, hearing aids, and batteries for your first hearing aid.

Hemodialysis (Chronic)

We cover chronic hemodialysis if your PCP and California Health & Wellness authorize it.

Home Health Care Services

You can get medically necessary health care services at home if your PCP authorizes and supervises it. Home health services may include physical, occupational, speech therapy, respiratory care, medical social services, home health aide services and nursing care.

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Hospice Care

We cover hospice care for Members who have a life expectancy of 6 months or less if the terminal illness runs its normal course. Members can receive hospice care services either at home or in a skilled nursing facility.

Hospice care is special health care designed to treat pain and other symptoms of a terminal illness, but, it does not try to cure the disease. Members can change their decision to get hospice care at any time and ask for other services offered by California Health & Wellness instead. Members under 21 years of age can continue to receive treatment for their condition at the same time they receive hospice care services.

If a California Health & Wellness doctor orders it, hospice benefits include:

- Doctor services
- Nursing care
- Medical social services
- Home health aide services
- Drugs, medical supplies and appliances
- Counseling and bereavement services
- Physical/Occupational/Speech Therapy
- Short-term inpatient care to control pain and manage symptoms
- Homemaker services and short-term respite care
- Respite services

Continuous Nursing Services may be provided on a 24-hour basis during periods of crisis and only as necessary to maintain the terminally ill member at home.

Hospital Inpatient Services

We cover hospital inpatient services if your PCP or specialist orders them and California Health & Wellness approves them, including:

- Semi-private room and board
- Medically necessary general and special duty nursing
- Other hospital services like laboratory services and X-rays
- Radiation therapy, chemotherapy and renal dialysis

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- Administration of blood and blood products, including collecting and storing your own (autologous) blood
- Mastectomy and lymph node dissection (You and your doctor or surgeon, following standard guidelines, will decide how long you will stay in the hospital after your mastectomy or lymph node dissection.)

Laboratory and X-Ray

We cover exams, tests, portable x-ray services, and services to prevent, diagnose or treat illness or injury.

Medications and Prescription Drugs (Outpatient)

We cover outpatient prescriptions and some over-the-counter medications, if they are listed in the California Health & Wellness Preferred Drug List (PDL), prescribed by a network doctor, and obtained at a network pharmacy. Call the pharmacy number on your Member ID card for more information about network pharmacies.

Generally, you can only get up to a 30 day supply of a drug at any one time. Most drugs have a generic form. Generic drugs are copies of brand-name drugs and are the same as those brand-name drugs in dosage form, safety, route of administration, quality and intended use. We only cover generic drugs when a generic form of the drug is available. However, if you are in need of a brand drug, the prescribing doctor will need to request prior approval and submit documentation that you are unable to take two (2) generic similar medications without documented side effects or that the drug has not been effective in treating your condition. Providers who want to prescribe drugs that are not on the PDL must first get approval from California Health & Wellness. We will respond to your provider's requests for prior approval within one (1) business day.

After receiving care for an emergency, you will get a three (3) day supply of covered outpatient prescription medications to give you time to get your prescription filled.

When a requested drug is not on the PDL, we call it a non-formulary drug. If we do not authorize a non-formulary drug, we will send you a notice. Your doctor will also receive a notice and might prescribe a different drug for you. The notice will tell you how you can appeal this decision. See the "What to Do If You Are Not Satisfied" section in this handbook for specific details. For more information, call Member Services at 1-877-658-0305 (For TTY,

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contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

NOTE: Just because a drug is on the California Health & Wellness PDL does not mean your doctor will prescribe that drug for your condition. Most prescription medications used to treat HIV/AIDS, substance abuse and detoxification, hemophilia, or medications to treat psychiatric conditions are not covered by California Health & Wellness. They are covered under the Medi-Cal Fee-for-Service Program.

What is a Preferred Drug List (PDL) and when is it updated?

A Preferred Drug List (PDL), also called a formulary, is a list of drugs your provider can use that will be covered by California Health & Wellness. To see what drugs are on the PDL, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). You can also view the PDL at www.CAHealthWellness.com.

California Health & Wellness has a special committee that meets once every three months to review and update the PDL. For example, if a more effective drug for treating asthma becomes available, California Health & Wellness may add the new drug.

Minor Consent Services

Minors, age 12 years and older, can get certain services without their parents' consent. The provider does not have to tell the parents about these services:

- Medical care after a sexual assault, including rape
- Pregnancy, family planning, and abortion services
- Care for the prevention and treatment of sexually transmitted diseases (STDs)
- Mental health and drug and alcohol abuse services you get from your PCP that are short-term care in a primary care setting

Minors can make an appointment for these services. They do not need a referral from their PCP. For more information, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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See the “Your Benefits and Services” section in this handbook for more information on these services. Look under Treatment of Sexually Transmitted Diseases and HIV, Abortion and Family Planning Services.

Occupational Therapy (OT)

We cover occupational therapy evaluation, treatment planning, treatment, instruction, and consultation.

Optometry

We cover an eye exam with refraction once every two (2) years. You don’t need approval from California Health & Wellness. Orthoptics and Pleoptics are not covered. A second eye refraction is covered only if the provider determines it’s medically necessary, with California Health & Wellness approval.

Phenylketonuria (PKU)

We cover testing and treatment of phenylketonuria (PKU). This includes formulas and special foods that your doctor or registered dietitian prescribes. California Health & Wellness must approve these services and products first. You can get formulas and food products at the pharmacy with a prescription.

- Formula is an enteral product that you use at home.
- Special food products have less than one gram of protein per serving, but they do not include foods that are naturally low in protein. They replace normal food products that you would buy in a retail store.

Physical Therapy (PT)

We cover physical therapy evaluation, treatment planning, treatment, instruction, and consultation. We do not cover, as part of PT, using x-rays, radioactive materials or electricity for surgical purposes, including cauterization.

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Pregnancy and Maternity Services

We cover:

- Outpatient doctor services including routine prenatal care before and after delivery for problems or complications resulting from pregnancy or childbirth.
- Inpatient hospital services in a participating hospital and out-of-network emergency labor and delivery services.
- Care from the Comprehensive Perinatal Services Program (CPSP), including a medical/obstetrical, nutritional, psycho-social and health education assessment at the first prenatal visit, once each trimester thereafter, and at the post-partum visit.
- The newborn child's healthcare for the month of delivery and the month after delivery. By that time, the newborn should be enrolled separately. To continue your baby's care you must sign up your baby for Medi-Cal as soon as he or she is born. Call your Medi-Cal eligibility worker immediately after birth.
- Prenatal diagnostic procedures, including genetic testing, if you have a high-risk pregnancy.

The length of the hospital stay depends on the unique characteristics of each mother and her newborn child, based on the health of the mother, the health and stability of the newborn, the ability and confidence of the parent(s) to care for the newborn, support systems at home, and the access of the mother and her newborn to appropriate follow-up care.

You can stay at the hospital for at least 48 hours after a normal vaginal delivery, and at least 96 hours after a cesarean section delivery.

Sometimes, mothers want to leave sooner. You can leave sooner if, after talking to you, your doctor approves your discharge and makes an outpatient appointment for you and the baby within 48 hours.

In some cases, mothers may need to stay longer. You and your doctor will make this decision. You can choose a certified nurse midwife to deliver your baby. The midwife must work with a California Health & Wellness doctor. You can look for a certified nurse midwife in the

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California Health & Wellness Provider Directory under “Allied Health Professionals.” You can also see a certified nurse midwife outside of the California Health & Wellness network. You do not need California Health & Wellness approval to see a certified nurse midwife.

Preventive Care Services

- **Eye exams** – We cover an eye exam every (two) 2 years unless you have a medical need for more frequent exams. We cover refractions to determine a prescription for glasses.
- **Health education programs** – Programs we cover include, but are not limited to, diabetes education, provided by California Health & Wellness or a network provider. Look for information on health education in your Member newsletter and on our website. California Health & Wellness may also mail you information. Your PCP will tell you about other health education classes.
- **Child and adult immunizations** – We cover immunizations according to the Advisory Committee on Immunization Practices (ACIP), California Adult Immunization and United States Preventive Services Task Force recommendations.

We cover some adult immunizations that are given by a Pharmacist at a contracted pharmacy. Please see the chart below for details.

<p>Restricted to: Medi-Cal beneficiaries 19 years of age and older and administered according to current routine immunization schedules published by ACIP (CDC)</p>	<p>Varicella virus (2 doses per lifetime)* Hepatitis A virus (2 doses per lifetime)* Hepatitis B virus Human Papillomavirus (3 doses per lifetime)* Meningococcal Polysaccharide Diphtheria Conjugate (2 doses per lifetime)* Meningococcal Oligosaccharide Diphtheria Conjugate Meningococcal Group B – Bexsero (2 doses per lifetime)* Meningococcal Group B – Trumenba (3 doses per lifetime)*</p>
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	Meningococcal Polysaccharide Measles, Mumps and Rubella virus (2 doses per lifetime)* Rabies Tetanus and Diphtheria Toxoids Adsorbed Diphtheria/Pertussis/Tetanus Influenza virus
Restricted to: Medi-Cal beneficiaries 50 years of age and older and administered according to current routine immunization schedules published by ACIP (CDC)*	Pneumococcal, Non-Conjugated, 23-valent (2 doses per lifetime)* Pneumococcal, Conjugated, 13-valent
Restricted to: Medi-Cal beneficiaries 60 years of age and older and administered according to current routine immunization schedules published by ACIP (CDC)	Herpes Zoster
Restricted to: Medi-Cal beneficiaries 19 years of age and older with a treatment authorization request demonstrating medical necessity	Influenza virus, Intradermal Influenza virus, Nasal Haemophilus influenza tybe b (Hib) virus

- **Periodic check-ups** – We cover a complete history and physical exam every 1 to 3 years and any test recommended by California Health & Wellness and medical professionals is covered.

We recommend you get a checkup according to the following schedule:

Exam	Age	Frequency
Checkup	Under age 21 years	Annually
Checkup	Age 21-65 years	Every 1-3 years
Checkup	Age 65 years and older	Annually

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Preventive care for women:

Exam	Age	Frequency
Pelvic exam	Age 21-39 years	Every 1-3 years (frequency depends on risk factors; ask your doctor)
Pelvic exam	Age 40 years and older	Yearly
PAP	Age 21 years and older	Every 1-3 years (frequency depends on risk factors; ask your doctor)
Clinical breast exam	Age 40-49 years	Yearly
Mammogram	Age 21-39 years	Not required except when medically necessary
Mammogram	Age 40-74 years	Yearly
Mammogram	Age 75 years and over	Not required except when medically necessary

Rehabilitation Center Outpatient Services

We cover inpatient and outpatient rehabilitation services including:

- Cardiac rehabilitation
- Physical, speech and occupational therapy
- Audiology

Your PCP and California Health & Wellness must agree these services are medically necessary.

Reconstructive Surgery

We cover reconstructive surgery, as follows:

- When it is medically necessary to improve function or create a normal appearance (to the extent possible) to abnormal structures of the body caused by birth defects, developmental abnormalities, trauma, infection, tumors or disease.

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- To restore and achieve breast symmetry after a mastectomy or lymph node dissection (including prosthesis and surgery due to complications).

Skilled Nursing Facility and Intermediate Care Facility Services

We cover sub-acute facility services if the facility has a contract with California Health & Wellness. For a list of facilities contracting with California Health & Wellness, see the Provider Directory.

We cover the month of admission plus one (1) month if your PCP and California Health & Wellness agree these services are medically necessary and can replace care in an acute care facility.

If you need services for a longer consecutive period, you will continue to be enrolled in the Medi-Cal Fee-for-service Program. You will be dis-enrolled from California Health & Wellness.

Speech Therapy

We cover speech therapy if your PCP prescribes it to treat social, behavioral or cognitive delays in speech or language development.

Temporomandibular Joint (TMJ) Disease

TMJ is a disease of the temporomandibular joint that connects the lower jaw to the skull. We cover medically necessary surgery or treatment of TMJ disease only to realign the jaw, and not for a dental disorder.

Tobacco Cessation

Quitting tobacco is one of the best things you can do to live a healthier life. California Health & Wellness cares about your health and offers the following services and tools to help you quit for good.

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Counseling

We cover individual, group and telephone counseling for members of any age who want to quit using tobacco. Four (4) counseling sessions that are at least 10 minutes long, are covered for two separate quit attempts each year, without prior authorization.

Medications

We cover these medications to help you quit:

- bupropion SR
- Varenicline
- nicotine gum
- nicotine inhaler
- nicotine lozenge
- nicotine nasal spray
- nicotine patch

Adults of any age, who are not pregnant, can get two (2) 90-day treatment regimens each year. Some of these medications may need prior approval. Please see the “How to Obtain Prescription Drugs” section of this handbook to learn about getting prior approval.

Pregnant Tobacco Users

Tobacco cessation medications are not recommended while you are pregnant. If you use tobacco and are pregnant, you can use the counseling services or call any of the resources listed below to help you quit.

Quitlines and Resources

- California Smokers’ Helpline: 1-800-NO-BUTTS
- California Health & Wellness Tobacco Cessation Program: 1-877-658-0305

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Topical Fluoride Varnish

Topical fluoride varnish helps prevent and control tooth decay. We cover topical application of fluoride for children younger than 6 years of age, up to three (3) times in a 12-month period.

Transportation Services

We cover emergency ambulance ground, rotary wing, or fixed wing transportation to the nearest hospital for emergency care.

If you have a medical emergency, please call 911 right away.

Non-Emergency Medical Transportation

You can use Non-Emergency Medical Transportation (NEMT) when you cannot get to your medical appointment by car, bus, train, or taxi, and the plan pays for your medical or physical condition. NEMT is an ambulance, litter van or wheelchair van. NEMT is not a car, bus, or taxi. California Health & Wellness allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if a wheelchair van is able to transport you, California Health & Wellness will not pay for an ambulance.

NEMT can be used when:

- Medically needed;
- You can't use a bus, taxi, car or van to get to your appointment;
- Requested by a California Health & Wellness provider; and
- Approved in advance by California Health & Wellness

To ask for NEMT, please call California Health & Wellness Member Services at 1-877-658-0305 at least three (3) business days (Monday-Friday) before your appointment. Or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NEMT:

There are no limits if you meet the terms above.

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What Doesn't Apply?

Getting to your medical appointment by car, bus, taxi, or plane. Transportation will not be provided if the service is not covered by California Health & Wellness. A list of covered services is in this member handbook (or also called EOC).

Cost to Member:

There is no cost when transportation is authorized by California Health & Wellness.

Non-Medical Transportation

You can use Non-Medical Transportation (NMT) when you are getting to and from a medical appointment for a screening and/or needed treatment service covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

California Health & Wellness allows you to use a car, taxi, bus, or other public/private way of getting to your medical appointment for plan-covered medical services from those who are not Medi-Cal providers. California Health & Wellness allows the lowest cost NMT type for your medical needs that is available at the time of your appointment.

To ask for NMT services, please call California Health & Wellness Member Services at 1-877-658-0305 at least three (3) business days (Monday-Friday) before your appointment. Or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT:

There are no limits for getting a ride to or from medical appointments covered under the EPSDT program.

What Doesn't Apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service
- The service is not covered by California Health & Wellness

Cost to Member:

There is no cost when transportation is allowed by California Health & Wellness. Members under 21 years may be able to get more services through a national program called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This includes doctor, nurse practitioner

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and hospital services. It also includes physical, speech/language, occupational therapies and home health services. Other services it covers are medical equipment, supplies, and devices; treatment for mental health and drug use, and treatment for eye, ear and mouth problems. If you have questions about the EPSDT program, please call California Health & Wellness Member Services.

Treatment of Sexually Transmitted Diseases (STDs) and HIV (Sensitive Services)

We cover confidential HIV testing and treatment for sexually transmitted diseases. You can get these services from any network provider. You can also choose any qualified doctor or clinic not connected with California Health & Wellness. You do not need to get permission from California Health & Wellness and minors do not need permission from their parents to get these services.

California Health & Wellness will pay for your first treatment from any qualified provider. After that, you must get services from your PCP or use Public Health Services. California Health & Wellness will also pay for these services.

Tuberculosis

We cover medically necessary tuberculosis services as follows:

- Tuberculosis screening and diagnosis
- Tuberculosis treatment and follow-up care

Tuberculosis services must be provided by your PCP, another California Health & Wellness provider or a provider of the county Direct Observed Therapy (DOT) Program. Treatment does not require prior authorization. If you need care for tuberculosis, you will be referred to the DOT Program run by the County Public Health Department.

Voluntary Family Planning Services

We cover the cost of contraceptives, including the birth control device and fitting or inserting the device (such as diaphragms, IUDs, Norplant). You can get services from any qualified family planning provider. The provider does not have to be a network provider. You do not need a referral from your PCP and you do not have to get permission from California Health & Wellness to get these services.

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Voluntary Sterilization Services

We cover vasectomies and tubal ligations.

Well-Child Care

The Child Health & Disability Prevention (CHDP) program offers:

- Health history
- Medical, dental, nutritional and developmental assessment
- Immunizations
- Vision and hearing testing
- Lead Toxicity Screening
- Some laboratory tests (e.g., tuberculin, sickle cell, blood and urine tests, pap smears)
- Health education, including smoking and information on second-hand smoke

This program also helps babies and toddlers (0-36 months) who have or are at risk for a developmental disability.

These children will be referred to their local county office for enrollment requirements. For a list of local county offices, see <http://www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx>.

Women, Infants and Children (WIC)

WIC gives pregnant women, new mothers and children up to the age of five (5) nutrition information and coupons to buy healthy foods. Your provider may refer you or your child to the WIC program. You can also ask your provider to find out more about WIC or contact Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the 1-877-658-0305).

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Mental Health Services

Mental health services may include treatment for anxiety, depression or any other behavioral health-related symptoms. Your PCP may treat you for mental health conditions that are within his or her scope of practice or will refer you to a Mental Health Services Provider in the California Health & Wellness network. Call your PCP for more information about mental health services through your PCP.

For specialized mental health services that are outside the scope of your PCP, you will be referred to Behavioral Health Services in the county in which you live.

Outpatient Mental Health Services

Outpatient mental health services are now a benefit covered by California Health & Wellness. You can call California Health & Wellness or ask your PCP for the name of a Mental Health Services Provider in the California Health & Wellness network. These services are for the treatment of mild to moderate mental health conditions*, which include:

- Individual and group mental health testing and treatment (psychotherapy)
- Psychological testing to evaluate a mental health condition
- Outpatient services that include lab work, drugs, and supplies
- Outpatient services to monitor drug therapy
- Psychiatric consultation

Mental health services for relational problems are not covered. This includes counseling for couples or families for conditions listed as relational problems*.

* As defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV)*

Specialty Mental Health Services

For specialty mental health services that are outside the scope of your PCP or Mental Health Services Provider, you can be referred to the County Mental Health Plan in the county in which you live. These services are part of the Medi-Cal Fee-for-Service Program and are not covered by California Health & Wellness. You can receive these services with or without a referral from your doctor. You can receive these services while you are a California Health & Wellness

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Member. You do not need to dis-enroll from California Health & Wellness to receive these services.

IMPORTANT: If you were receiving mental health services before January 1, 2014, you may be able to keep your doctor. Ask your doctor if they work with California Health & Wellness. If the doctor does, you will keep your doctor. If your doctor doesn't work with California Health & Wellness and you want to keep that doctor, you can call us for help. We will let you keep the doctor for up to 12 months, if the doctor agrees to work with us. If your doctor won't work with California Health & Wellness, you will need to find a new doctor.

If you think you need mental health services, call your PCP or Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). We will help refer you to a Mental Health Services Provider or the County Mental Health Plan in the county in which you live.

Substance Abuse Disorder Preventive Services

We cover alcohol misuse screening services for all Members ages 18 years and older. These services for alcohol misuse cover*:

- One (1) expanded screening for risky alcohol use per year; and
- Three (3) 15-minute brief intervention sessions to address risky alcohol use per year.

California Health & Wellness does not cover services for major alcohol problems, but you may be referred to the County Alcohol and Drug Program. If you need help, you can call us or ask your PCP.

* Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Does California Health & Wellness cover new technology?

California Health & Wellness follow changes and advances in healthcare. We study new treatments, medicines, procedures and devices. We call all this "new technology." We review scientific reports and information from the government and medical specialists. Then we decide whether to cover the new technology. Member and providers may ask California Health & Wellness to review new technology.

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Medi-Cal Benefits Covered Outside of California Health & Wellness

There are some health care services you can get as a Medi-Cal Member, although these services are not delivered through California Health & Wellness. They may be covered by the Medi-Cal Fee-for-Service Program, California Children's Services (CCS) or another state or federal program.

To get services that are covered by the Medi-Cal Fee-for-Service program, you must find a Medi-Cal provider who offers these services and you must be eligible to receive these services. Contact Medi-Cal to see if you are eligible for these services. If you are eligible for these services, be sure to take your Medi-Cal card when you go to that provider. These services include:

-
- **Acute Detoxification Services, Heroin Detoxification, Substance Abuse Services –** Your PCP will decide if you need any treatment service. If so, you will be referred to the substance abuse treatment program that is run by the Medi-Cal Drug Treatment Program. These services are part of the Medi-Cal Fee-for-Service Program and are not covered by California Health & Wellness. You can receive these services while you are a California Health & Wellness Member. You do not need to dis-enroll from California Health & Wellness to receive these services.
 - Members who meet the medical criteria for voluntary inpatient detoxification may receive voluntary inpatient detoxification (VID) services in a general acute care hospital.
- **Childhood Lead Poisoning Case Management Services** are provided by the Public Health Department in the county in which you live. For more information, contact:

California Department of Public Health

P.O. Box 997377, MS 0500

Sacramento, CA 95899-7377

Phone: 1-916-558-1784

MCI from TDD 1-800-735-2929 or MCI from voice telephone 1-800-735-2922

Sprint from TDD 1-888-877-5378 or Sprint from voice telephone 1-888-877-5379

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- Chiropractic services performed outside of a Federally Qualified Health Center or a Rural Health Center.
- **Dental Services** – At your first visit with your PCP, he/she will do a dental screening. California Health & Wellness covers some medical services that support dental procedures, which includes IV sedation and general anesthesia when medically necessary. If you need dental care, your PCP will refer you to a Denti-Cal dental provider. You can also call the Denti-Cal Beneficiary Telephone Service Center at 1-800- 322-6384.
- **Federal or State Governmental Hospital Services**
- **Local Education Agency Assessment Services**
- **Medications for HIV/AIDS, Substance Abuse/Detox, and certain Psychiatric Conditions.** Most prescription medications used to treat HIV/AIDS, substance abuse/detoxification and certain psychiatric conditions are covered under the Medi-Cal Fee-for-Service program, subject to limitations.
- **Mental Health** – For specialty mental health services that are outside the scope of your PCP or Mental Health Services Provider, you will be referred to the County Mental Health Plan in the county in which you live. These services are part of the Medi-Cal Fee-for-Service Program and are not covered by California Health & Wellness. You can receive these services with or without a referral from your doctor. You can receive these services while you are a California Health & Wellness Member. You do not need to dis-enroll from California Health & Wellness to receive these services.

If you think you need mental health services, call your PCP or Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). We will help refer you to a Mental Health Services Provider or the County Mental Health Plan in the county in which you live.

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- **Organ Transplantation** – Except for kidney or cornea transplants, you must disenroll from California Health & Wellness and return to the Medi-Cal Fee-for-Service program to receive an organ transplant.
- **Prayer or Spiritual Healing** – These services may be covered under the Medi-Cal Fee-for-Service program, subject to limitations.
- **Serum Alpha fetoprotein Testing Laboratory Services** – These services are provided under the state program administered by the Genetic Disease Branch of DHCS.
- **Skilled Nursing Facility or Intermediate Care Facility (Long-Term Care)** – We cover the month of admission plus one month in a facility. After that, you must disenroll from California Health & Wellness and return to the Medi-Cal Fee-for-Service program to receive long-term care services.

Please note that a Member can remain enrolled in California Health & Wellness if the Member has elected hospice services and is admitted to a long-term care facility.

- **Direct Observed Therapy for Tuberculosis** – If you have tuberculosis and require Direct Observed Therapy (DOT), you will be referred to the DOT Program run by the Public Health Department in the county in which you live. For more information, contact:

California Department of Public Health

P.O. Box 997377, MS 0500

Sacramento, CA 95899-7377

Phone: 1-916-558-1784

MCI from TDD 1-800-735-2929 or MCI from voice telephone 1-800-735-2922

Sprint from TDD 1-888-877-5378 or Sprint from voice telephone 1-888-877-5379

- **Waiver Program Services** – If you are accepted by Home and Community Based Services, AIDS Waiver Services or Senior Services program, you will receive waiver services through those programs. You will also remain enrolled in California Health & Wellness for your medical services.

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For more information about Medi-Cal benefits not covered by California Health & Wellness, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Section 8: Services Not Covered by California Health & Wellness (Excluded Services)

The following services and supplies are not covered or are limited under this Plan:

- Services not received from or prescribed, referred or approved by your PCP and California Health & Wellness, if needed. There are some exceptions: preventive care, emergency care, urgent care, family planning services, HIV testing or counseling, treatment of a sexually transmitted disease, OB/GYN-related and abortion services do not need to be approved.
- Any service that is not medically necessary, as determined by your PCP or California Health & Wellness.
- Services you received before you became a Member of California Health & Wellness or services you received on or after the date your membership with California Health & Wellness ends.
- Dental surgery, treatment or care (including treatment for overbite or underbite, maxillary and osteotomies and temporomandibular joint syndrome, except if medically necessary (see Section 7 in this handbook), dental x-rays, supplies and appliances (including occlusal splints) and all associated expenses arising out of such dental surgery, treatment or care including hospitalizations. There are some exceptions: hospital, doctor, and dental services and supplies and anesthesiology services needed to protect your health because of a specific non-dental physiological condition, if your PCP recommends them and California Health & Wellness approves them in advance.
- Custodial care, maintenance care, respite care or rest cures (except when provided as part of hospice services).
- Personal comfort and convenience items or services like television, telephone, air conditioning, barber or beauty services, guest services or similar services and supplies that are not medically necessary.

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- Cosmetic surgery that is performed to alter or reshape normal structures of the body in order to improve appearance and that is not related to reconstructive surgeries otherwise covered by the plan.
- Health services for procedures intended primarily for the treatment of obesity, including exercise programs and weight loss programs, even if prescribed by a doctor. Treatment for morbid obesity is covered when medically necessary and approved by your PCP and California Health & Wellness.
- Services that are not benefits of the California Medical Assistance (Medi-Cal) program. (See the “Your Medi-Cal Benefits Outside of California Health & Wellness” section in this handbook.)
- Investigational services, unless you meet the conditions of Title 22, California Code of Regulations, Section 51303 (h) and you get prior approval from California Health & Wellness. If a request for a service that is experimental or investigational is denied, delayed or modified, you may request an Independent Medical Review (IMR). (See the “Members Rights and Responsibilities” section in this handbook.)
- Infertility services and treatment, including in vitro fertilization, gamete intrafallopian transfer (GIFT), embryo transport, donor semen, and non-medically necessary amniocentesis.
- Reversal of voluntary sterilizations
- Travel or transportation expenses, except ambulance service and non-emergency medical transportation as specifically provided described in the “Your Benefits and Services” section of this handbook.
- If a Member is hospitalized or undergoing treatment when coverage ends, California Health & Wellness will continue to provide all covered services according to generally accepted medical standards until the Member is discharged or until the Member gets alternative coverage from the DHCS.
- Inpatient pain management program or any pain management that is not medically necessary.

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Section 9: Resources to Help Answer Your Questions

We are here to help you. Our Member Services Department will tell you how California Health & Wellness works and how to get the care you need. The Member Services call center can help you to:

- Find a PCP
- Schedule an appointment with your PCP
- Obtain a new Member ID card
- Obtain information about covered and non-covered benefits
- Understand how to file grievance or appeal
- Obtain a list of health plan providers
- Report potential fraud issues
- Request new member materials
- Obtain information about case management

Call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). We are open Monday through Friday, from 8 a.m. to 5 p.m. Calls received after business hours are sent directly to 24-hour Nurse Line (see 24-hour Nurse Line description below). 24-hour Nurse Line nurses are available 24 hours a day, 7 days a week.

California Health & Wellness Website

The California Health & Wellness website can be found at www.CAHealthWellness.com. It has helpful resources and information such as:

- Member Handbook
- Find a Provider tool
- Current news and events
- Member self-service features
- Online appeal or grievance submission
- Commonly used forms
- Health education library

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Member Online Health Account

As a California Health & Wellness Member, you can get important, personalized health information and helpful tools online. You can use this online health account to:

- Change your primary care provider (PCP)
- Contact a plan representative
- Complete a Health Risk Screening
- View your benefit summary
- And more

Create your own personal online health account at www.CAHealthWellness.com. It's quick. It's easy. And there is no cost to you. All you need is your birth date and Member ID number to get started. If you need help setting up this online health account, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

24-hour Nurse Line

24-hour Nurse Line is the California Health & Wellness free health information phone line and can be reached by calling 1-877-658-0305. 24-hour Nurse Line is ready to answer your health questions 24 hours a day, every day of the year. 24-hour Nurse Line is staffed with registered nurses who are able to answer your healthcare questions.

The services listed below are available by calling 24-hour Nurse Line:

- Medical advice
- Advice about a sick child
- Help with scheduling PCP appointments
- Health information library
- Answers to questions about your health

Sometimes you may not be sure if you need to go to the emergency room. You can call your PCP or 24-hour Nurse Line and they can help you decide where to go for care. If you have an emergency, call 911 or go to the nearest emergency room.

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Section 10: Managing Your Health

California Health & Wellness has a number of programs to keep you healthy and improve your health. We know this means more than just helping you to see a doctor. It also means helping you find your way through the healthcare system so you get the treatments and social services you need. It means helping you understand and manage your health conditions. This section describes the programs we offer that can help maintain and improve your health.

Health Risk Screening

California Health & Wellness wants to know how we can better serve you. One way we do this is by asking you to fill out the Health Risk Screening Form found in your Welcome Packet. This form gives us information to determine your needs. Once you fill out the form, please send it back to us right away in the postage-paid envelope we provided for you. You can also fill out this form on our website at www.CAHealthWellness.com. If you have questions about the form, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

Case Management for Members with Special Health Needs

We understand some Members have special needs. In those cases, California Health & Wellness offers our Members case management services to assist with special healthcare needs. If you have special healthcare needs, behavioral health needs, are pregnant or have a disability, our Case Managers may be able to help you. Our Case Managers are registered nurses or social workers. They can help you understand major health problems and arrange care with your doctors. A Case Manager will work with you and your doctor to help you get the care you need.

This service is for Members with complex medical conditions and who often need to see several doctors. They may need medical supplies or help at home. Conditions may include:

- Sickle cell disease
- Multiple sclerosis
- Kidney or renal disease
- HIV/AIDS
- Hemophilia

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Disease Management/Health Coaching

At California Health & Wellness, we strive to help our Members get the treatment and social services they need, when they need them. We do this through education and personal help from California Health & Wellness staff. The goal of this service is to add to the quality of your care and help you to improve your health. California Health & Wellness works with Nurtur, a company that has health coaches who can help you manage your health needs. Nurtur health coaches know a lot about conditions like:

- Asthma
- Back pain
- Diabetes
- Heart problems
- High blood pressure
- Tobacco cessation (quitting smoking)
- Weight management

All of our programs are geared toward helping you understand and actively manage your health. We are here to help you with things like:

- How to take medicines
- What screening tests to get
- When to call the doctor

We will help you get the things you need. We will provide tools to help you learn and take control of your condition. For more information, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). You can ask to speak to a health coach.

Preventive Care

California Health & Wellness seeks to maintain your good health. We offer preventive care services to help you and your family stay healthy. We encourage you to receive immunizations and health screenings to help lower your risk for chronic diseases. Health screenings can help detect problems early, resulting in early treatment and better outcomes. It is important for you to visit your PCP or medical home for these preventive care services. We will work with you and

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your provider to ensure access to care. Below are some of the preventive care services provided for you.

Covered Preventive Care Services for Adults:

- Immunizations – vaccines for adults
- Behavioral, depression screenings
- Well visits
- Disease management including, but not limited to:
 - Asthma
 - Heart Disease
 - Diabetes
 - Obesity

Covered Preventive Care Services for Women include, but are not limited to:

- Prenatal Care
- Educational and clinical services
- Start Smart For Your Baby
- Routine screenings and labs
- Well woman visits
- Breast cancer screenings
- Cervical cancer screenings

Covered Preventive Care Services for Children may include:

- Autism screenings
- Behavioral screenings
- Congenital screenings
- Depression screenings
- Developmental screenings
- Fluoride varnishing – oral health
- Height, weight, body mass monitoring
- Immunizations
- Risk screenings
- Vision care

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Health Check Visits for Kids/EPSDT

Health Check (EPSDT) is a preventive health program for those from birth to 21 years old. Children and young people need to see their doctor regularly even when they are not sick. We don't want your child to miss any key steps toward good health as they grow. The chart below shows when babies, children and young adults need to see their doctor for a health check.

Doctors and nurses will examine your child or teen. They will give vaccines for diseases when necessary. Vaccines are important to keep your child healthy. They will also ask questions about health problems and tell your child or teen what to do to stay healthy. If there is a problem found during the checkup, your doctor can send your child or teen to a specialist.

Age Group	Health Check Schedule
Infancy	Birth 3–5 days By 1 month 2 months 4 months 6 months 9 months
Early Childhood	12 months 15 months 18 months 24 months 30 months 3 years 4 years
Middle Childhood and Adolescence	Every year until age 21

To schedule a health check visit, call your PCP. If you have problems scheduling your visit, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Family Planning Services

Family planning services are provided to Members of childbearing age. These services help Members to determine the number and spacing of children. These services include all methods of birth control approved by the federal Food and Drug Administration. As a Member, you choose a doctor who is located near you and will give you the services you need. Our PCPs and OB/GYN specialists are available for family planning services. For family planning services, you may also choose a doctor or clinic not connected with California Health & Wellness. You can do this without having to get permission from California Health & Wellness. California Health & Wellness will pay that doctor or clinic for the family planning services you get.

Some examples of family planning services are:

- Education and advice from trained personnel to help you make choices
- Information about birth control
- Physical exams
- Follow-up visits
- Immunization services
- Pregnancy tests
- Birth control supplies
- Tests and treatment of sexually transmitted diseases (STDs)

Tips for When You are Pregnant

When You Are Pregnant

Keep these points in mind if you are pregnant now or want to become pregnant:

- Go to the doctor as soon as you think you are pregnant. It is important for your health and your baby's health to see a doctor as early as possible. Seeing your doctor early will help your baby get off to a good start. It's even better to see your doctor before you get pregnant to get your body ready for pregnancy.
- Make an appointment with your dentist for a cleaning and checkup.

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- Set a goal to live a healthier lifestyle. Healthy lifestyle habits include exercising, eating balanced, healthy meals and sleeping for 8–10 hours at night.

Pregnancy and Maternity Services

There are things you can do to have a safe pregnancy:

- See your doctor about any medical problems you have, such as diabetes and high blood pressure.
- Do not use tobacco, alcohol or non-prescribed drugs either now or while you are pregnant.
- See your doctor before becoming pregnant if you have experienced any of the following problems:
 - ✓ You have had 3 or more miscarriages.
 - ✓ You have given birth to a premature baby (this means the baby came before 37 weeks of pregnancy) or a “preemie.”
 - ✓ You gave birth to a stillborn baby.

A Note about Folic Acid:

Folic acid is a very important nutrient that can help you have a healthier baby. You should take folic acid before you become pregnant or as soon as you find out you are pregnant. Some foods that have folic acid in them include: orange juice, green vegetables, beans, peas, fortified breakfast cereals, enriched rice and whole wheat bread. It is difficult to get enough folic acid from food alone. As you doctor about taking prenatal vitamins and see your doctor as soon as you think you are pregnant. If you have questions about folic acid or your pregnancy, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Start Smart for Your Baby

Start Smart for Your Baby (Start Smart) is our special program for women who are pregnant. California Health & Wellness wants to help you take care of yourself and your baby through your whole pregnancy. Information can be provided to you by mail or telephone. Our case management staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit by our MemberConnections team, if needed.

If you are pregnant and smoke cigarettes, California Health & Wellness can help you stop smoking. We have a special smoking cessation program for pregnant women that is available at no cost to you. The program has trained healthcare clinicians who are ready to build one-to-one contacts with you. They will provide education, counseling and the support you need to help you quit smoking. Working as a team over the telephone, you and your health coach can develop a plan to make changes in your behavior and lifestyle. These coaches will encourage and motivate you to stop smoking.

We have many ways to help you have a healthy pregnancy. Before we can help, we need to know you are pregnant. Please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) as soon as you learn you are pregnant. We will help you set up the special care you and your baby need.

Getting Help in Your Community through MemberConnections

MemberConnections is a program that promotes preventive health and connects you to quality healthcare and community social services. MemberConnections representatives are specially trained staff that provides support to our Members. They can help you determine which doctors are available in your area, find support services and help arrange for needed services. Our MemberConnections representatives work with our Case Managers to ensure your healthcare needs are addressed. They can also visit your home to help you with healthcare needs and social services. To learn more about this program, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Section 11: Membership and Eligibility Information

Eligibility for California Health & Wellness

You must be eligible for the California Medi-Cal Program in order to enroll in California Health & Wellness. California Health & Wellness does not determine eligibility.

To locate the Medi-Cal office for your county, you can contact Medi-Cal at 1-800-541-5555, or visit: <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>

Reporting Major Life Changes

Life changes might affect your eligibility with California Health & Wellness. If you have a major change in your life, please contact your eligibility source (such as your local Social Security Administration office, Office of Administration for California, county office, or California Medi-Cal office) within 10 days after the change happens (or within 10 days after you realize the change has taken place). You should also contact Member Services 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

Some examples of major life changes are:

- A change in your name
- Move to a different address
- A change in your job
- A change in disability
- Pregnancy
- Moving to a new county or out of state

Also, you should call your eligibility source if you have a change in your family size. This might mean that your family got bigger because of a birth, adoption or a marriage. You should also report when your family gets smaller. This may happen because a family member moves away or there is a death in the family. A divorce could also change family size.

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Enrolling in California Health & Wellness or Changing to Another Plan

If you are eligible for Medi-Cal and live in the service area, you and your eligible family members can enroll in California Health & Wellness. You may choose to enroll in another HMO health plan at any time and for any reason. If you want to enroll in California Health & Wellness or change to another health plan, please contact Health Care Options at 1-800-430-4263 or visit Medi-Cal online at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

Mandatory Medi-Cal managed care Members must enroll in a health plan

Most Medi-Cal Members must enroll in a health plan like California Health & Wellness to receive Medi-Cal benefits. Members who must enroll in a health plan are called “mandatory Members.”

Voluntary Medi-Cal managed care Members may enroll in a health plan

Some Medi-Cal Members can choose to enroll in a health plan to receive Medi-Cal benefits but are not required to do so. These Members are called “voluntary Members.” Voluntary Members can leave the California Health & Wellness plan at any time and return to Fee-For-Service Medi-Cal. Voluntary Members include:

- The disabled or elderly receiving Supplemental Security Income (SSI)
- Those 65 years old or older
- American Indians and their household, and others who are eligible to get services from an Indian Health Center or Native American Clinic
- Children in foster care or the Adoption Assistance Program
- Members with an HIV/AIDS diagnosis

When does my coverage start?

When you enroll, the DHCS will add your name to a list of Members that it provides to California Health & Wellness. Your coverage with California Health & Wellness starts on the first day of the calendar month during which you enrolled.

Enrolling Your Newborn Baby

We cover a new baby for the month of birth plus the next month. (If you have your baby the month before you become a Member, we cover the baby for one month.) After that, your baby

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must have his or her own coverage. After you have your baby, call your county eligibility source right away to get your baby on Medi-Cal. It will take some time for your baby's coverage to start after you talk to your county eligibility worker.

Dis-Enrolling from California Health & Wellness

Medi-Cal managed care Members *may* request to dis-enroll from California Health & Wellness and select another managed care plan at any time. You will need to follow the DHCS procedures for all disenrollment requests. You must contact Health Care Options to ask for disenrollment forms to end coverage. After submission of the form, it takes up to 45 days to dis-enroll you from California Health & Wellness. During this time, you can keep seeing your PCP until you get a notice that your California Health & Wellness coverage has ended.

You will be dis-enrolled from California Health & Wellness if one of the following happens:

- You no longer live in the service area.
- You are in a long-term care or intermediate facility longer than one month following the month you were admitted.
- You are in need of special healthcare services not provided by California Health & Wellness, for example, some major organ transplants.
- You are already enrolled in another Medi-Cal, Medicare or commercial managed care plan.
- You are in prison or jail.
- You die.

Urgent or Expedited Disenrollment

California Health & Wellness will process an urgent or expedited disenrollment if we are not able to provide you medical services due to your condition or certain situations which are indicated in California Health & Wellness contract with the DHCS. Such situations may include the need for a major organ transplant, long-term care services, foster care or adoption assistance programs, or you if move out of the service area. California Health & Wellness will submit a disenrollment request to the DHCS, which will decide within 72 hours. When we receive the decision, we will notify you and your PCP of the effective date of disenrollment. Your healthcare condition will be covered by the Medi-Cal Fee-for-Service Program.

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Section 12: Providing Quality Care

California Health & Wellness is committed to providing quality healthcare for you through continuous monitoring and evaluation of care and services. Our primary goal is to work with you to improve your health and help you manage your care with any illness or disability. Our program is consistent with National Committee on Quality Assurance (NCQA) as well as state and federal regulations.

To help promote safe, reliable and quality healthcare, our programs include:

- Conducting a thorough check on practitioners and providers before they are accepted as part of the California Health & Wellness provider network
- Monitoring the access that California Health & Wellness Members have to all types of healthcare services
- Providing programs and educational items about general healthcare and specific diseases
- Sending reminders to you to get annual tests, such as age- and gender-appropriate services like physicals, cervical cancer screenings and breast cancer screenings
- Investigating your concerns regarding the healthcare you received. If you have a concern about the care you received from your doctor or any service provided by California Health & Wellness, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

California Health & Wellness believes that getting input from Members like you can help make the services and quality of our programs better. We conduct a Member survey each year that asks questions about your experience with the healthcare and services you are receiving.

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Community Advisory Committee

You can help California Health & Wellness with the way our health plan works. We have a Community Advisory Committee that gives Members like you a chance to share your thoughts and ideas with California Health & Wellness. At the meetings, you have a chance to talk about the way services are delivered and give us feedback on our cultural and linguistic services program. We may ask Members, parents/foster parents, guardians of children who are Members, member advocates and California Health & Wellness staff to join in the meeting. This gives you a chance to talk about your concerns with a variety of people. You also have a chance to tell us how we are doing. You may ask questions or share any concerns that you have about the delivery of services. To learn more, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

Member Participation in the Public Policy Process

California Health & Wellness Members may volunteer to be on our Public Policy Committee. The Public Policy Committee is responsible for providing input in the development of public policy for the plan. It is a standing committee that meets at least quarterly.

The membership of this committee is made up of:

- At least half of the members are Members of California Health & Wellness Plan
- At least one member is a member of the Board of Directors
- At least one member is a provider

Changes to operations that may affect how California Health & Wellness delivers healthcare to our Members will be considered by this committee. This review will occur before a proposed action is taken to the health plan Board of Directors for a final decision.

If you would like to be a member of the Public Policy Committee, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

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Eliminating Fraud, Waste and Abuse

California Health & Wellness is serious about finding and reporting fraud and abuse. Our staff is available to talk to you about this. **Here is the address and phone numbers:**

California Health & Wellness
Compliance Department
1740 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833

Or you can call the California Health & Wellness Fraud, Waste and Abuse Hotline at 1-866-685-8664.

You can also report fraud and abuse to the Bureau of Medi-Cal Fraud. The address and number are:

Office of the Attorney General
Bureau of Medi-Cal Fraud Unit
P.O. Box 944255
Sacramento, CA 94244-2550
Phone: 1-800-722-0432

Your healthcare benefits are given to you based on your eligibility for both Medi-Cal and the California Medi-Cal Managed Care Program. You must not share your benefits with anyone. California Health & Wellness network providers must also report any misuse of benefits to California Health & Wellness. California Health & Wellness must also report any misuse or wrongful use of benefits to Medi-Cal. If you misuse your benefits, you could lose them. Medi-Cal may also take legal action against you if you misuse your benefits.

If you think a doctor, hospital, another California Health & Wellness Member or another person is misusing the Medi-Cal or California Health & Wellness resources, tell us right away. We will take action against anyone who does this. California Health & Wellness will take your call about waste, abuse and fraud seriously. **Call the California Health & Wellness Fraud, Waste and Abuse Hotline at 1-866-685-8664.** You do not need to give your name.

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If you receive a bill for services that you did not receive, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

What is Fraud, Waste and Abuse?

Fraud, waste and abuse means that any Member, provider or another person is misusing Medi-Cal or California Health & Wellness resources. This could include things like:

- Loaning, selling or giving your California Health & Wellness Member ID card or Medi-Cal ID card to someone
- Misusing California Health & Wellness or Medi-Cal benefits
- Billing California Health & Wellness for free services
- Wrongful billing to California Health & Wellness by a provider
- Billing California Health & Wellness for services not provided
- Any action to defraud California Health & Wellness or Medi-Cal

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Section 13: What to Do If You Are Not Satisfied

We hope you will always be happy with us and our network providers. If you are not happy, please let us know. California Health & Wellness has steps for handling any problems you may have. California Health & Wellness offers all of our Members the following processes to achieve Member satisfaction:

- Grievance Process
- Expedited Review Request
- Access to State Fair Hearing

<p>What is a grievance?</p> <p>A grievance is a complaint or an expression of dissatisfaction about any matter.</p> <p>Example: You are not happy with the services you received or with how you were treated.</p>	<p>What is an appeal?</p> <p>An appeal is when you ask us to review a decision or action (sometimes such a decision is called an “adverse determination”).</p> <p>Example: You asked for services and got a denial letter.</p>
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Filing a Grievance

California Health & Wellness wants to fully resolve your problems or concerns. If you wish to file a complaint, grievance or appeal a decision, the process used to resolve your complaint or appeal is call the Grievance Process. Filing a grievance will not affect your healthcare services or your benefits. A grievance may be filed directly by you or you may appoint another person to act on your behalf. If you want another person to act for you, you must submit a signed release form to allow him or her to act for you. A complaint about services or care must be submitted within **180 calendar days** of the occurrence or action about which you were not satisfied.

How to File a Grievance

We **want** to know your concerns so we can improve our services. Again, filing a grievance will **not** affect your healthcare services.

To file a grievance, you can do any of the following:

California Health & Wellness, 1740 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833
1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the 1-877-658-0305 number).
www.CAHealthWellness.com

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- Call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).
- Go to our website at: www.CAHealthWellness.com
- Fill out a grievance form at your doctor's office.
- Mail a letter or completed grievance form to:

California Health & Wellness
Appeals and Grievance Coordinator
1740 Creekside Oaks Drive, Suite 200
Sacramento, California 95833

- Fax your grievance to the attention of the Appeals and Grievance Coordinator at 1-855-460-1009. Be sure to include:
 - Your first and last name
 - Your Medi-Cal ID number or Member ID number
 - Your address and telephone number
 - Why you are unhappy. Include the date(s) of service and name of facility if you were not satisfied with the care and or service provided.
 - What you would like to have happen.

If you have any evidence or information that supports your grievance, you may send it to us and we will add it to your case. You may supply this information to California Health & Wellness by including it with your grievance. You may also ask to receive copies of any documents that California Health & Wellness used to make the decision about your care, grievance or appeal.

What if I want another person to report the complaint for me?

If someone else is going to file a grievance for you, we must have your written permission for that person to file your grievance. You can call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) to receive a form or go to www.CAHealthWellness.com. Using this form, you can give someone else your permission to file a grievance or appeal for you. With your permission, a

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doctor can file a grievance or appeal for you. If you need assistance in completing a grievance or an interpreter, please call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). Our Member Service Representatives, or the Member Services Manager can help you file a grievance.

How soon will I hear back from California Health & Wellness?

Within five (5) calendar days of receiving your grievance, California Health & Wellness will send a letter to let you know we have your grievance and are working on it. Within 30 calendar days of receiving your grievance, we will send you a letter explaining how your grievance was resolved.

Filing an Appeal

Sometimes California Health & Wellness may make a decision or take an action that affects your care. You will know that California Health & Wellness is taking an action because we will send you a letter. The letter is called a Notice of Action (Action).

Actions occur when California Health & Wellness:

- Delays or denies the care requested
- Decreases the amount of care
- Ends care that has previously been approved

If you do not agree with the Action, you may ask for an appeal. An appeal is a request to review an Action or decision. This review makes us look at the Notice of Action again. You can request this review by phone, fax or in writing as described in the previous section.

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Who may file an appeal?

- You, the Member (or the parent or guardian of a minor Member)
- A person named by you
- A doctor acting for you

You must give written permission if someone else files an appeal for you. California Health & Wellness will include a form in the Notice of Action letter. You can also obtain this form on our website at www.CAHealthWellness.com. If you need help, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). We can assist you in filing an appeal.

When does an appeal have to be filed?

The Notice of Action will tell you about this process. You may file an appeal within 90 calendar days from the date of the Notice of Action. You may ask to keep getting care related to your review while we decide.

Except in urgent cases, California Health & Wellness will give you a written decision within **30 calendar days** from the date of your request. If more than **30 calendar days** is needed to make a decision, we will send a letter to you. California Health & Wellness will ask for extra time if more information is needed. The extra time may be better for your case. California Health & Wellness will ask for the extra days (up to 14 calendar days) in writing. The letter will say why we need more time.

Fast or Expedited Appeals

You or your doctor may want us to make a fast decision. You can ask for an Expedited Review if you or your doctor feel that your health is at risk. Examples of urgent cases include:

- Severe pain
- Potential loss of life, limb or major bodily functions
- Immediate and serious decline of your health

If you feel this is needed, call our Appeals and Grievance Coordinator at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). **We will decide within three (3) calendar days of receipt of the expedited appeal**

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request, if criteria are met. We will inform you in writing if the review period needs to be extended and let you know what additional information is needed. California Health & Wellness will make reasonable efforts to contact you by phone if your appeal is denied. You will also receive a letter telling the reason for the decision and what to do if you don't like the decision.

Getting Help from the Department of Managed Health Care (DMHC)

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-877-658-0305** (For TTY, contact California Relay by dialing 711 and provide the 1-877-658-0305 number) and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

You cannot ask for an IMR if you already had a State Fair Hearing on the same issue.

For most grievances, members may ask the Department of Managed Health Care (DMHC) for an IMR *after* going through the Plan's grievance process for 30 days or 3 days for urgent cases. An IMR is a review of your case by doctors who are not part of California Health & Wellness. If the IMR is decided in your favor, we must give you the service or treatment you asked for. You pay no costs for an IMR. An IMR request must be filed within six months of our written response to your grievance.

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The DMHC does not require you to go through the Plan's grievance process in certain cases. These cases include:

- There is a potential loss of life, limb or major bodily function;
- Serious pain; or
- Immediate and serious deterioration of your health.

You can ask for an IMR from the DMHC if California Health & Wellness:

- Denies, changes, or delays a service or treatment because it has been determined as not medically necessary.
- Will not cover an experimental or investigational treatment for a serious medical condition. In this case, you do not have to go through the Plans' grievance process first.
- Will not pay for emergency or urgent medical services that you have already received."

Getting Help from the Office of the Ombudsman

You can call the Medi-Cal Managed Care Office of the Ombudsman for help with grievances. The Office of the Ombudsman was created to help Medi-Cal beneficiaries fully use their rights and responsibilities as Members of a managed care plan. To find out more, call toll-free: 1-888-452-8609.

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What if I am still not happy? – Medi-Cal Fair Hearing for Appeals

If you are not happy with the California Health & Wellness decision, you may ask for a State Fair Hearing:

- At the same time that you appeal to California Health & Wellness;
- After you have exhausted your appeal rights with California Health & Wellness; or
- Instead of appealing to California Health & Wellness.

You or your doctor may ask for a State Fair Hearing within **90 calendar days** of receiving the Notice of Action or resolution. However, if you and your doctor want to keep the medical service that is going to be reduced or stopped, you must ask for the hearing within **10 calendar days** from the date the denial letter was postmarked or personally delivered to you and state that you want to keep getting medical service during the hearing process.

To request a State Fair Hearing from Medi-Cal, please call or write to:

State Department of Social Services
State Hearing Division
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430
1-800-952-5253

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Section 14: Member Rights and Responsibilities

As a Member of California Health & Wellness, you are entitled to certain rights. You also have certain responsibilities that you will need to honor when receiving care through California Health & Wellness. California Health & Wellness network providers are also expected to respect and honor Member's rights.

Our Members' Rights

California Health & Wellness Members have the right to:

- Ask for and receive information about California Health & Wellness, our services, providers, Member rights and responsibilities, and how to use California Health & Wellness benefits.
- Be treated in a courteous and respectful manner that reflects recognition of your privacy and dignity as a person.
- Wait no more than 30 seconds to speak to a Member Services representative during California Health & Wellness normal business hours.
- Upon request, receive information about California Health & Wellness staff and staff qualifications for health management programs.
- Receive interpreter services at no cost to you. You also have the right not to use family members or friends as interpreters. Minors should not be used as interpreters unless it is a medical emergency.
- Receive medically necessary, covered services without regard to race, religion, age, gender, national origin, disability, sexual identity or orientation, family composition or size, or medical condition or stage of illness.
- Receive family planning services, services at Federally Qualified Health Centers or Indian Health Centers, sexually transmitted disease (STD) services and emergency services outside the California Health & Wellness network as stated in federal law.

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- Receive emergency or urgently needed services outside the California Health & Wellness network or when authorized by California Health & Wellness.
- Receive emergency care whenever necessary and wherever you need it.
- Receive Sensitive Services such as family planning or mental healthcare in a confidential way.
- Access minor consent services.
- Choose a primary care provider within the California Health & Wellness network.
- To have a confidential relationship with your provider.
- Receive information from California Health & Wellness that you can understand.
- Upon request, receive Member information materials in alternative formats including Braille, large print and audio.
- Make recommendations about California Health & Wellness's Member rights and responsibilities policies.
- Participate with your providers and other practitioners in decision-making about your own healthcare.
- Talk openly with your provider and other practitioners about your medical condition and appropriate or medically necessary treatment options for your condition, regardless of the cost or what your benefits are.
- Decide about your care, including the decision to stop treatment or services, or stop participating in health management programs.
- Decide in advance how you want to be cared for in case you have a life-threatening illness or injury.

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- Be informed by California Health & Wellness regarding advance directives and to receive information from California Health & Wellness regarding any changes to that law. The information shall reflect changes in state law regarding advance directives as soon as possible, but no later than 90 days after the effective date of change.
- Review, request corrections to, and receive a copy of your medical records. (Your provider may charge a fee for copies of records and other forms.)
- Keep your personal and medical information and records confidential, unless you say differently, and know how California Health & Wellness keeps your information confidential.
- Make complaints and appeals without discrimination about California Health & Wellness, our providers or your care. California Health & Wellness will help you with the complaint and appeal process. You have the right to choose someone to represent you during the grievance process and for your complaints and appeals to be reviewed as quickly as possible and be told how long it will take. Medi-Cal Members have the right to request a State Fair Hearing or an expedited Fair Hearing for urgent cases. Call the Department of Social Services Public Inquiry and Response Unit at 1-800-952-5253 or TTY 1-800-952-8349.
- Request an Independent Medical Review from the Department of Managed Health Care (DMHC) if you disagree with California Health & Wellness' decision to deny, delay or modify a service that your provider or other practitioner requests.
- Ask for an External Independent Review if a service or therapy was denied on the basis that it was considered experimental or investigational. If you have any questions about these procedures, see the "What to Do If You Are Not Satisfied" section of this handbook, or call California Health & Wellness Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).
- Have California Health & Wellness act as your patient advocate.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

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- Dis-enroll from California Health & Wellness.
- Ask for a second opinion about a medical condition.
- File a grievance with California Health & Wellness if your language needs are not met.
- If you are a Native American Indian, you have the right to not enroll in a plan, not be restricted by a plan in your right to access Indian Health Facilities and to dis-enroll from a plan without cause.

Our Members' Responsibilities

California Health & Wellness Members have the following responsibilities:

- Be familiar with and ask questions about your health plan coverage. If you have a question about your coverage, call California Health & Wellness Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).
- Follow the advice and care procedures indicated by your doctor, California Health & Wellness and the program. If you have a question about these procedures, call California Health & Wellness Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).
- Ask for interpreter services at least five (5) working days before a scheduled appointment.
- Call your provider or pharmacy at least three (3) days before you run out of medicine.
- Cooperate with your provider and staff and treat them with respect. This includes being on time for your visits or calling your provider if you need to cancel or reschedule an appointment.

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- Understand that your provider's office may have limited seating for patients and caregivers only.
- Give accurate information (to the extent possible) to California Health & Wellness, your doctor and any other provider in order to help you receive the best care possible.
- Understand your health problems and work with your provider and other practitioners in developing mutually agreed-upon treatment goals, to the degree possible.
- Ask your providers questions if you do not understand what they are saying to you.
- Work with your provider to make plans for your healthcare.
- Follow California Health & Wellness and instructions for care that you have agreed on with your providers and other practitioners.
- Immunize your children by age 2 and always keep your children's immunizations up to date.
- Call your provider when you need routine or urgent healthcare.
- Care for your own health. Live a healthy lifestyle, exercise, eat a good diet and don't smoke.
- Avoid knowingly spreading disease to others.
- Use the California Health & Wellness grievance process to file a complaint. Call California Health & Wellness Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) to file a complaint.
- Report any wrongdoing or fraud to California Health & Wellness by calling Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) or the proper authorities.
- Understand that there are risks in receiving healthcare and limits to what can be done for you medically.

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- Understand that it is a healthcare provider's duty to be efficient and fair in caring for you as well as other patients.

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Section 15: Other Important Points

This section contains additional information about your coverage through California Health & Wellness.

Coverage by Other Insurance

You must let California Health & Wellness and Medi-Cal know if you have other insurance coverage with another company. California Health & Wellness can help coordinate your other benefits with your other insurance company.

Accidental Injury or Illness Caused by Someone Else (Subrogation)

If you have to see a doctor for an injury or illness that was caused by another person or business, you must call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305) to let us know. This includes injuries covered by Workers' Compensation. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store, then another insurance company might have to pay the doctor's bills and or hospital bills. When you call, we will need the name of the person at fault, the name of their insurance company, and the names of any attorneys involved.

Organ and Tissue Donation

Donating organs and tissues provides many societal benefits. Organ and tissue donation allows other people who receive transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds their availability. If you are interested in organ donation, please speak with your provider. Organ donation begins at the hospital when a patient is pronounced brain dead and identified as a potential organ donor. An organ procurement organization will become involved to coordinate the activities. The Department of Health and Human Services website (<http://www.organdonor.gov>) has additional information on donating your organs and tissues.

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Advance Directives

Advance Healthcare Directives help you to make healthcare decisions for yourself now in case you are unable to speak for yourself later on.

You can use an Advance Healthcare Directive to say *who* you want to speak for you and *what* kind of treatment you want. These documents are called “advance” because you prepare one before healthcare decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done.

In California, the part of an advance directive you can use to appoint another person (an “agent”) to make healthcare decisions is called a Power of Attorney for Healthcare. The part where you can express what you want done is called an Individual Healthcare Instruction.

Together, you and your PCP can make decisions that will set your mind at ease. It can help your PCP and other providers understand your wishes about your health. You should talk to your provider about your wishes. Advance directives will not take away your right to make your own decisions and will work only when you are unable to speak for yourself. If your directive is not being followed, you may file a complaint. A request can be sent in writing to:

Attorney General’s Office
Attn: Public Inquiry Unit
P.O. Box 944255
Sacramento, CA 94244-2550
1-800-952-5225

Examples of Advance Directives include:

- Living Will
- Healthcare Power of Attorney
- “Do Not Resuscitate” orders
- Physician Orders for Life-Sustaining Treatment (POLST)

You will not be discriminated against for not having an advance directive. Ask your doctor, nurse, social worker or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you or you can complete an advance directive by filling in the blanks on a form.

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For more information on Advance Healthcare Directives, please call the Department of Health Care Services for a free brochure or call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305).

Transitional Medi-Cal (TMC)

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.

For example, if you are the person in your household who earns the most money, you might get transitional Medi-Cal. Even if you are a caretaker relative, you might get transitional Medi-Cal if you started earning more money or if you are receiving more child or spousal support.

Parents and caretaker relatives who get transitional Medi-Cal can get free Medi-Cal coverage for 6–24 months. If you stopped getting Medi-Cal, you should ask your eligibility worker if you qualify for transitional Medi-Cal. You can stay with California Health & Wellness if you are eligible for transitional Medi-Cal.

Records

All documents collected by the Health Care Options Enrolling Unit shall be given to California Health & Wellness in order to establish coverage.

By enrolling in California Health & Wellness, you give us permission to share your information with doctors, hospitals and other medical providers who may examine or treat you. These medical providers can share this information with California Health & Wellness so that we may pay them for the care you receive.

Federal and state laws require that California Health & Wellness keep your information and records private. California Health & Wellness will use, share or ask for only as much of your information we need to do our job. This includes paying your claims and arranging for your care.

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Right to Request a Restriction

You can ask California Health & Wellness not to use or share your information. Please note that California Health & Wellness cannot agree to restrict information when it is needed to pay your claims or arrange for your care. California Health & Wellness may also not agree if it would stop us from doing our other duties.

You can learn how we use and share your information in the Notice of Privacy Practices. The Notice is included in Section 17 “Protecting Your Privacy” at the end of this handbook. If you need another copy, call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). The Notice will also tell you how you can ask us not to use or share your information.

Examination of Members

If there is a question or dispute about healthcare services or payment for such services under the contract, California Health & Wellness may also reasonably require you to be examined by another participating physician acceptable to California Health & Wellness, at California Health & Wellness’ expense.

Covered benefits

Members are never responsible to pay for covered benefits they receive under this contract. If California Health & Wellness does not pay a contracted provider for a covered service a Member receives, the Member is not responsible for paying the provider.

Workers’ Compensation Not Affected

The coverage under this contract does not affect a Member’s eligibility for Workers’ Compensation insurance.

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Non-discrimination

California Health & Wellness complies with state and federal law, and will not discriminate on the basis of age, sex, color, race, creed, physical or mental handicap, national origin, marital status, sexual orientation, religious affiliation or public assistance status.

How We Pay Your Providers

California Health & Wellness contracts with a network of local doctors, medical groups, pharmacies, hospitals and other providers to provide services to our Members. We pay providers in the following ways:

- **Capitation:** This means we pay the provider a fixed amount for each Member assigned to the provider. The payment is not affected by the number of visits or the kinds of services the provider gives the Member.
- **Fee-For-Service:** This means we reimburse the provider after each service or visit. This system may include incentives to the doctors to manage the services they provide to Members in an appropriate manner consistent with the contract.
- **Per diem rate:** This is a set rate we pay to participating hospitals per day. We negotiate rates with hospitals that are outside the California Health & Wellness service area that provide emergency or other referral services.

Any Member who wants more information about how we pay providers can ask for a full disclosure. Members can call Member Services at 1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305). California Health & Wellness Members never have to pay for covered services.

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Section 16: Definitions

Here are some of the terms used in this handbook:

Acute

A medical condition that happens suddenly, that requires fast medical attention, and that does not last for an extended time period

Approval or Authorization

Your PCP must get approval from California Health & Wellness before you get certain services. California Health & Wellness will only approve the services you need. California Health & Wellness will not approve services by non-network providers if we believe you can get comparable or more appropriate services through California Health & Wellness providers. A referral is not an approval. You must get approval from California Health & Wellness.

California Health & Wellness

A managed care organization contracted by the State of California to provide care to Medi-Cal recipients

California Children's Services (CCS)

A medical program that treats children with certain physically handicapping conditions and who need specialized medical care

California Health and Disability Prevention (CHDP)

A public health program that reimburses healthcare providers for early health assessments to detect or prevent disease and disabilities in children and youth (The program wants eligible children and youth to have access to ongoing healthcare. Your PCP can provide CHDP services.)

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Case Manager

Registered nurses or social workers who can help you understand major health problems or arrange care with your providers

Certified Nurse Midwife

A registered nurse certified as a nurse midwife by the California Board of Registered Nursing who attends cases of normal childbirth (Also provides care for mothers before, during, and after pregnancy, and for the newborn right after birth)

Complaint or Grievance

When a Member or his or her representative expresses dissatisfaction with California Health & Wellness, either verbally or in writing (This includes complaints, disputes and requests for reconsiderations or appeals)

Contract

The agreement between California Health & Wellness and DHCS; the DHCS/Health Care Options enrollment applications, the individual Member application and this EOC and any amendments

Coverage or Covered Service(s) or Benefit(s)

The healthcare services provided to Members of California Health & Wellness, subject to the terms, conditions, limitations and exclusions of the Medi-Cal Contract and as listed in this EOC and any amendments

DHCS

We use DHCS in this EOC to refer to the California Department of Health Care Services. This is the state office that oversees the Medi-Cal program.

DMHC

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We use DMHC in this EOC to refer to the California Department of Managed Health Care. This is the state office that oversees managed care health plans.

Eligible Person

A person who is eligible for Medi-Cal and who lives in the California Health & Wellness service area (this includes: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba counties)

Eligibility Source

Your local Social Security Administration office, Office of Administration for California, county office, or California Medi-Cal office

Emergency

A medical or psychiatric medical condition with acute symptoms (including severe pain) severe enough that a reasonable person, with average health knowledge, would expect the lack of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or, the health of a pregnant woman or her unborn child
- Serious harm to bodily functions
- Serious failure of any bodily organ or part

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This document, which is also called an Evidence of Coverage (EOC)

Health Care Options

The state program that enrolls and disenrolls Members

Health Coach

Individuals who will offer disease management assistance to Members

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Long-Term Care

Care in a facility for longer than the month of admission plus one month

Medi-Cal Fee-For-Service

A healthcare system for Medi-Cal recipients that is not managed care (Recipients may go to any doctor, clinic or provider they find who will take Medi-Cal patients)

Medi-Cal Managed Care

A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in California Health & Wellness

Medical Home

A model of care that will provide better healthcare quality, improve self-management by Members of their own care and reduce avoidable costs over time

Medically Necessary or Medical Necessity

Means services that are:

- Provided in accordance with professionally recognized standards of practice
- Determined by the treating physician to be consistent with the medical condition
- Provided at the most appropriate type, supply and level of service which considers the possible risks, benefits and alternatives

The fact that a doctor orders or prescribes a service does not mean it is medically necessary or a covered service.

Member

Any eligible Medi-Cal beneficiary enrolled with California Health & Wellness who is entitled to receive covered services

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Mental Health Services Provider

Individuals, licensed or unlicensed, who perform mental health services to patients

Non-Covered Service

A service that we do not cover (You are responsible to pay for any services not covered by California Health & Wellness or not covered by Medi-Cal.)

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

Network Hospital or Participating Hospital

A licensed hospital that has a contract with California Health & Wellness to provide services to Members at the time a Member receives care (The covered services that some participating hospitals may provide to Members are limited by California Health & Wellness utilization review and quality assurance policies or California Health & Wellness' contract with the hospital)

Network Provider or Participating Doctor

A doctor, hospital or other licensed healthcare professional or licensed health facility, including sub-acute facilities, that have a contract with California Health & Wellness to provide covered services to Members at the time a Member receives care

Post-Stabilization Care

These are services that are needed to stabilize your condition after an emergency. They do not require prior authorization. It does not matter whether you receive the emergency care in or

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outside of the California Health & Wellness network. We will still cover services to make sure you are stable after an emergency.

Primary Care Provider (PCP)

The doctor or other provider you chose to give you most of your healthcare (Your PCP can be anyone on the California Health & Wellness list of primary care providers or, for female Members, an OB/GYN, and for minors, a pediatrician. Your PCP helps you get any specialty care you need from other providers.)

Prosthetic Device

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

Psychiatric Emergency Medical Condition

A mental disorder where the symptoms are serious or severe enough to cause either 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.

Psychiatric emergency services may include moving a Member to a psychiatric unit inside a general hospital or to an acute psychiatric hospital. This move is done to avoid or lessen a psychiatric emergency medical condition. In addition, the treating provider believes the move would not result in making the Member's condition worse.

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 or other provider qualified in the area of practice appropriate to treat your condition.

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Routine Care

Preventive care, well child visit, or care as routine follow-up for medical management of a Member.

Sensitive Services

Medically necessary services for family planning, sexually transmitted diseases (STDs), HIV/AIDS, sexual assault and abortions.

Serious Chronic Condition

A serious disease or other medical problem that: 1) cannot be completely cured or that gets worse over time; or 2) must be treated so you don't get worse.

Serious Illness

A disease or condition that must be treated and could result in death.

Service Area

The geographic area served by California Health & Wellness (this includes: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba counties).

Specialist or Specialty Physician

A doctor who treats certain types of healthcare problems (Examples include 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 see a specialist).

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.

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Triage or Screening Waiting Time

The time waiting to speak by telephone with a doctor or nurse who is trained to screen you to determine your need for care.

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Section 17: Protecting Your Privacy

Notice of Privacy Practices

Effective November 1, 2013, for help to translate or understand this, please call 1-877-658-0305. If you are hearing impaired, call our TDD/TYY line at 1-866-274-6083 or Relay 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-877-658-0305 (TDD/TYY 1-866-274-6083 or Relay 711).

Interpreter services are provided at no cost to you.

Privacy Notice

At California Health & Wellness, your privacy is important to us. We will do all we can to protect your health records. By law, we must protect your health records and send you this notice.

This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to exercise those rights and who can see your health records. This notice does not apply to information that does not identify you.

When we talk about your health records in this notice, it includes any information about all of your health services while you are a Member of California Health & Wellness. This includes providing healthcare to you and also includes payment for your healthcare while you are our Member.

Please Note: *You will also receive a Privacy Notice from Medi-Cal outlining their rules for your health records. Other health plans and healthcare providers may have other rules when using or sharing your health records. We ask that you obtain a copy of their Privacy Notices and read them carefully.*

How We Use or Share Your Health Records

Here are ways we may use or share your health records:

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- To help pay your medical bills given to us by healthcare providers.
- To help your healthcare providers give you the proper care. For example, if you are in the hospital, we may give them your records sent to us by your doctor.
- To help manage your healthcare. For example, we might talk to your doctor about a disease or wellness program that could help improve your health.
- To help resolve any appeals or grievances filed by you or a healthcare provider with California Health & Wellness or the State of California.
- To assist others who help us provide your health services. We will not share your records with these outside groups unless they agree to protect your records.
- For public health or disaster relief efforts.
- To remind you if you have a doctor's visit coming up.
- To give you information about other healthcare treatments and programs, such as how to stop smoking or lose weight.

State and federal laws may call for us to give your health records to others for the following reasons:

- To state and federal agencies that oversee California Health & Wellness, such as DHCS or the U.S. Department of Health and Human Services.
- For public health actions. For example, the FDA may need to check or track medicines and medical device problems.
- To public health groups if we believe there is a serious public health or safety threat.
- To a health agency for certain activities. This might include audits, inspections, and licensure or enforcement actions.
- To a court or administrative agency.
- To law enforcement. For example, records may be used to identify or find someone who is a suspect, fugitive, material witness or missing person.
- To a government person about child abuse, neglect or violence in your home.
- To a coroner or medical examiner to identify a dead person or help find a cause of death. These may be needed by a funeral director to help them carry out their duties.
- For organ transplant purposes.
- For special government roles, such as military and veteran activities, national security and intelligence activities, and to help protect the President and others.

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- For job-related injuries due to your state's worker compensation laws.
- If one of the above reasons does not apply, we must obtain your written approval to use or share your health records with others. If you change your mind, you may retract your written approval at any time.
- If sharing your health information is not allowed by or limited by a state law, we will obey the law that protects your health information best.

What are your rights?

The following are your rights with regards to your health records. If you would like to exercise any of the following rights, please contact us. We can be reached at 1-877-658-0305.

- You have the right to ask us to give your records only to certain people or groups and to say for what reasons. You also have the right to ask us to stop your records from being given to family members or others who are involved in your healthcare. Please note that while we will try to follow your wishes, the law does not make us do so.
- You have the right to ask to get confidential communications of your health records. For example, if you believe that you would be harmed if we send your records to your current mailing address, you can ask us to send your health records by other means. Other means might be fax or an alternate address.
- You have the right to view and get a copy of all the records we keep about you in your designated record set. This consists of anything we use to make decisions about your health. It includes enrollment, payment, claims processing and medical management records.
- You have a right to opt out of sharing your name, address and protected health information.

You do not have the right to get certain types of health records. We may decide not to give you the following:

- Information contained in psychotherapy notes.
- Information collected in reasonable anticipation of, or for use in a court case or another legal proceeding.
- Information subject to certain federal laws about biological products and clinical laboratories.

Member Handbook

Combined Evidence of Coverage & Disclosure Form



In certain situations, we may not let you get a copy of your health records. You will be informed in writing. You may have the right to have our action reviewed.

You have the right to ask us to make changes to wrong or incomplete health records we keep about you. These changes are known as amendments. Any request for an amendment must be in writing. You need to give a reason for your change(s). We will get back to you in writing no later than 60 days after we receive your request. If we need additional time, we may take up to another 30 days. We will inform you of any delays and the date when we will get back to you.

If we make your changes, we will let you know they were made. We will also give your changes to others who we know have your health records and to other persons you name. If we choose not to make your changes, we will let you know why in writing. You will have a right to submit a letter disagreeing with us. We have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter disagreeing with us be put with your health records for future disclosures. By law, we do not have to give you a list of the following:

- Health records given or used for treatment, payment and healthcare operations purposes.
- Health records given to you or others with your written approval.
- Information that is incidental to use or disclosure otherwise permitted.
- Health records given to persons involved in your care or for other notification purposes.
- Health records used for national security or intelligence purposes.
- Health records given to prisons, police, FBI, and others who enforce laws or health oversight agencies.
- Health records given or used as part of a limited data set for research, public health or healthcare operations purposes.

To receive an accounting of disclosures, your request must be in writing. We will act on your request within 60 days. If we need more time, we may take up to another 30 days. Your first list will be free. We will give you one (1) free list every 12 months. If you ask for another list within 12 months, we may charge you a fee. We will tell you the fee in advance and give you a chance to take back your request.

Member Handbook Combined Evidence of Coverage & Disclosure Form



Using Your Rights

You have a right to receive a copy of this notice at any time. We reserve the right to change the terms of this notice. Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you.

If you have any questions about this notice or how we use or share your health records, please call. We can be reached at 1-877-658-0305. Our office is open Monday through Friday from 8 a.m. to 5 p.m.

If you believe your privacy rights have been violated, you may write a letter of complaint to:

Privacy Official – California Health & Wellness

1740 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833
www.CAHealthWellness.com

California Department of Health Care Services

Privacy Officer
c/o: Office of HIPAA Compliance
Department of Health Care Services
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413
Email: privacyofficer@dhcs.ca.gov
Telephone: (916) 445-4646
Fax: (916) 440-7680

You may also contact the Secretary of the U.S. Department of Health and Human Services

Office of Civil Rights – Region IX

U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Voice Phone: (800) 368-1019
TDD: (800) 537-7697
Fax: (415) 437-8329