To Improve the Health of Our Members Through the Provision of High Quality Care and Services

2016-2017 MEMBER HANDBOOK

For Questions and Gold Coast Health Plan Information, Please Call 1-888-301-1228
www.goldcoasthealthplan.org
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ABOUT YOUR HEALTH PLAN

Welcome to Gold Coast Health Plan (GCHP), the managed care health plan for people who receive Medi-Cal benefits in Ventura County.

GCHP is here to serve you. This handbook tells you about your health care plan and its benefits.

As a new GCHP member, there are some things you need to do. You need to:

- Choose a health care provider, known as a Primary Care Provider (PCP), from the list of providers (doctors) you received from GCHP. This list of medical providers (doctors) is called a Provider Directory.
- Tell GCHP Member Services which PCP you chose by returning the PCP Selection Form that was sent to you in your welcome package, or by calling 1-888-301-1228/TTY 1-888-310-7347.
- Call your doctor as soon as possible to schedule an appointment for a check-up. You should have this check-up within 120 days from the date you become a GCHP member. Your doctor will review your current medical and preventive health care needs. Check-ups are a great way for you to know that you are in good health and for your doctor to prevent health problems. The name and phone number of your assigned PCP is printed on your GCHP identification (ID) card.

Please read this Member Handbook carefully. It will answer many questions about GCHP and your Medi-Cal benefits. If you have any questions:

GCHP is located at:
711 E. Daily Drive, Suite 106, Camarillo, CA 93010

GCHP office hours are:
Monday through Friday from 8:00 a.m. – 5:00 p.m., excluding holidays

GCHP Member Services can be reached by calling:
1-888-301-1228/TTY 1-888-310-7347 Monday through Friday 8 a.m. – 5 p.m., excluding holidays

GCHP website:
www.GoldCoastHealthPlan.org

Let’s work together for your health!
TERMS YOU NEED TO KNOW

**Administrative Member:** Some GCHP members will not be assigned to a specific doctor or clinic. They are called Administrative Members because they have Medicare, other health insurance or a Share of Cost (SOC). They can get care from any Medi-Cal provider in Ventura County who is willing to see them and bill GCHP.

**Advance Directive:** A document expressing a person’s wishes about critical care when he/she is unable to decide for him/herself. However, it does not authorize anyone to act on a person’s behalf or make decisions the way a power of attorney would.

**Appeal:** A request from a member, a member’s authorized representative or a provider to reconsider or change a decision, also known as an action.

**Authorization:** A request from a provider to ask for review and approval of a service, procedure or medicine before it is provided.

**Authorized Representative:** A representative designated by the member with authority to act on his/her behalf.

**Beacon Health Options:** GHCP’s behavioral health services provider.

**Benefits or Covered Services:** The health care services, supplies, drugs and equipment that are medically necessary and covered by Medi-Cal.

**California Children’s Services (CCS):** The public health program that assures the delivery of specialized diagnostic, treatment and therapy services to financially and medically eligible children, 20 years old and younger, who have CCS eligible conditions. GCHP will still pay for medical care for covered services that are not related to the child’s CCS condition.

**California Department of Health Care Services (DHCS):** The state agency that is responsible for the Medi-Cal program.

**Care Management:** The process used to coordinate a member’s health care. It is a joint effort that includes the member, his/her physician(s), provider staff and the care manager.

**Clinic:** A place where doctors, nurses and other health providers work as a team to provide health care.

**Complaint:** A complaint is an oral or written expression of dissatisfaction, including any complaint dispute request for reconsideration or appeal. A complaint is also known as a grievance.

**Durable Medical Equipment (DME):** Medical equipment used in the course of treatment or home care, including items such as crutches, walkers or wheelchairs.

**Emergency Medical Services:** An emergency is a medical situation with severe symptoms that requires immediate medical attention that if not treated, would place your health at risk, causing serious damage to your bodily functions or dysfunction (not working) to your body.

**Family Planning Services:** Helps people learn how to use birth control to plan the number of children they want and how to space them out.
**Formulary:** The list of medications approved by GCHP. Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor.

**Grievance:** An oral or written expression of dissatisfaction about any matter, other than an action, received from a member, member’s authorized representative or provider.

**Health Education:** Programs or classes that can help you learn how to protect and improve your health.

**Hospice:** Care and services provided to people who have received a diagnosis for a terminal illness. These services are given in a home or facility to relieve pain and provide support.

**Human Services Agency (HSA):** The agency that provides many services for the residents of Ventura County. These services include Medi-Cal, other health care resources, and assistance with food, housing and employment.

**Interpreter:** A person who provides an oral translation between two or more people of a spoken language or signed in one language into a second language. An interpreter abides by a code of professional ethics.

**Medical Home:** The clinic or PCP who coordinates all of your medical care. The Medical Home consists of the patient, family, primary doctor and specialists all working toward the common goal of the members’ good health.

**Medicare:** Insurance provided by the Social Security Administration (SSA) for people who are 65 years old or older or have been disabled for more than two years and have been previously employed.

**Medically Necessary:** Health care services that are needed to meet a person’s basic health needs. The decision whether or not a service is medically necessary is based on many factors, including, but not limited to, the standards of the medical community. The fact that a doctor has performed, prescribed or recommended a procedure or treatment does not mean that it is medically necessary.

**Member:** A Medi-Cal eligible beneficiary, as determined by HSA or SSA, who is enrolled in GCHP.

**Member Services Department:** The department that GCHP members can call with questions about the Plan. The representatives can help members solve problems with their coverage.

**Primary Care Provider (PCP):** The doctor or clinic that manages all of your health care. Most GCHP members are assigned to a PCP. This is the doctor you should call first when you need medical care.

**Prior Authorization:** The formal process requiring a health care provider to obtain advanced approval to provide specific services or procedures. Many Medi-Cal benefits are covered only with prior authorization. Failure to obtain this authorization will mean that GCHP will not pay for that service.

**Provider:** Providers are: doctors, nurses, technicians, hospitals, skilled nursing facilities, home health agencies, pharmacies, laboratories, x-ray facilities, durable medical equipment suppliers, etc.

**Provider Directory:** The list of providers, doctors and clinics contracted with GCHP to provide services for its members.

**Referrals:** When your PCP sends you to another provider, such as a specialist or for services including labs, x-rays, physical therapy, etc.
**Sensitive Services:** Confidential services which include: pregnancy testing, AIDS/HIV testing, pregnancy termination, drug and alcohol abuse services and counseling, sexually transmitted disease testing and treatment, and sexual assault services.

**Share of Cost (SOC):** The dollar amount some members may be required to pay each month to providers for their medical care. The amount depends on a member’s income and is determined by your county Medi-Cal eligibility worker. When a member meets his/her SOC, he/she becomes eligible for GCHP and is considered an Administrative member.

**Threshold Language:** The language identified by Medi-Cal as the primary language of a specified number of members in a health care plan. GCHP has two threshold languages: English and Spanish. This means that GCHP is required to provide written materials to all members in these two languages.

**Urgent Care:** Health care services needed right away to stop a serious and sudden health problem from getting worse, but is not an emergency, e.g., a sore throat, fever, cuts or broken bones.

**Utilization Management (UM):** Approved guidelines used by GCHP doctors to decide whether requested medical care is appropriate and efficient.

**Vision Service Plan (VSP):** GCHP’s vision services provider.
MEMBER RIGHTS AND RESPONSIBILITIES

Member Rights and Responsibilities Statement

You have a right to:

- Be treated with respect, given due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Be provided with information about GCHP and its services, including covered services.
- Be able to choose a PCP within the GCHP network.
- Participate in decision making regarding your own health care, including the right to refuse treatment.
- Voice grievances, either verbally or in writing, about GCHP or the care received/not received.
- Receive an interpreter at no cost.
- Formulate an Advance Directive.
- Have access to Family Planning Services, Federally Qualified Health Centers, Indian Health Service Facilities for Native American Indians, sexually transmitted disease services and emergency services outside of GCHP’s network.
- Request a State Fair Hearing or Expedited Hearing if the circumstances under which a Notice of Action qualifies for the expedited hearing.
- Have access to your medical record, and where legally appropriate, receive copies of it, amend it or correct it.
- Access Minor Consent Services.
- Receive written materials in an alternative format (including braille, large size print or audio format) upon request and in a timely fashion.
- Be free from any form of restraint or seclusion used as a means of intimidation, discipline, convenience, or retaliation.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Freedom to exercise these rights without adversely affecting how you are treated by GCHP providers or the state.
- Access to a women’s health specialist within the network for covered care necessary to provide women’s routine and preventive health care services.
- Obtain out-of-plan certified nurse midwife or certified nurse practitioner services if you are unable to obtain those services within GCHP’s network. Please contact GCHP for assistance with receiving these services.

You have a responsibility to:

- Provide, to the extent possible, information that GCHP and its providers need in order to care for you.
- Follow instructions for care that you have agreed to with your doctor.
- Tell your doctor about your medical condition(s) and any medications you are taking.
- Talk to your doctor about things you can do to improve your overall health.
- Be on time to medical appointments.
- Call your doctor’s office 24 hours in advance, or as soon as possible, when an appointment must be cancelled.
- Call your doctor for an appointment when you need medical care.
- Call your doctor for an appointment for routine check-ups.
- Only use the Emergency Room for true emergencies.
- Be cooperative with and courteous to your doctors and their staff.
- Provide your doctor with complete information about other health insurance coverage.
Section 1: Using Your Health Plan

What is Gold Coast Health Plan (GCHP)?

GCHP is the managed health care plan for Ventura County residents who are eligible to receive Medi-Cal benefits.

What is a Managed Health Care Plan?

A managed health care plan is a medical plan that makes sure all of its members have access to quality health care. In most cases, members are assigned to a doctor or clinic known as a Primary Care Provider (PCP). This doctor will make sure you get all the care you need.

Member Services Department

GCHP’s Member Services can answer your questions and help you with problems you may have with your medical care. Member Services can also help you:

- Get a new GCHP ID card if yours is lost or stolen.
- Choose or change doctors.
- Solve problems with medical bills.
- Get information about prenatal care or other health care.
- Help you file a grievance, appeal and/or State Fair Hearing.

GCHP Member Services is open Monday through Friday, 8 a.m. - 5 p.m., excluding holidays. The Member Services phone number is 1-888-301-1228 / TTY 1-888-310-7347.

Identification (ID) Cards

When you first become eligible for Medi-Cal, you will get a white and blue plastic Medi-Cal card from the state. This Medi-Cal Benefits Identification Card is called BIC for short.

This is what your Medi-Cal or BIC card will look like:

![Medi-Cal Benefits Identification Card]

You will also get a GCHP ID card in the mail. This card will have the name and phone number of your PCP on it. It will tell your health care providers where to send medical bills.
This is what your GCHP ID card will look like:

These cards will be mailed to you at different times. Please keep both of these cards. Carry both your Medi-Cal BIC card and your GCHP ID card with you at all times. You will need them when you get medical care. When a doctor, hospital worker or pharmacist asks about your insurance coverage, tell him/her that you have Medi-Cal and that you are a member of GCHP. Always show both of your cards. If you have any other health insurance, give them that card, too.

**Reporting a New Address and/or New Telephone Number**

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

**Your First Month as a GCHP Member**

During your first month as a GCHP member, you will receive a welcome letter from GCHP along with a list of GCHP providers. This list is called a Provider Directory. You must choose a clinic or doctor from the directory as your PCP. Next, you should notify GCHP Member Services about which doctor or clinic you chose. You can notify GCHP of your choice by calling Member Services at 1-888-301-1228 / TTY 1-888-310-7347 or by returning your completed PCP Selection Form to the Plan. Members who do not choose a PCP within 30 days of becoming a GCHP member will be assigned to one by GCHP.

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

**Do I Have to Pay for Medical Care?**

Most GCHP members will not have to pay to receive Medi-Cal covered services. Make sure that you show your GCHP ID card at the time you are getting health care services.

If you make sure that you follow the rules when you are getting health care services, you should not be billed. Under Medi-Cal you will only be billed if:

- You get services that are not covered by Medi-Cal, like cosmetic surgery.
- You don’t tell the provider that you have Medi-Cal.
- You go to a provider that doesn’t take Medi-Cal, but you tell the provider you want to be seen there anyway and that you will pay for the services yourself.
- You have other insurance along with Medi-Cal and you don’t follow the rules for how to get services under your other insurance.
- You see a specialist without getting a referral from your PCP.
• You get services that have not been authorized by GCHP.
• You have Medi-Cal with a Share of Cost (SOC).

If you do not have a SOC and the provider asks you to pay for your visit, ask the office to call GCHP. A representative will explain how the provider should bill the Plan. Do not pay a provider for services that are covered by GCHP. GCHP will not pay you back if you pay a provider.

**What do I do if I Receive a Bill from a Provider?**

If you get a bill for health care services, do not ignore it. If you were eligible with GCHP at the time services were provided, call the provider who sent you the bill and tell them that you were covered under GCHP and give them your GCHP ID number. Then ask the provider’s office to bill GCHP. If you have already done this but are still getting a bill, call Member Services at 1-888-301-1228 / TTY 1-888-310-7347. **GCHP cannot help you with bills that are more than one year old.**

**What is a Primary Care Provider (PCP)?**

A PCP is your personal doctor who will provide and arrange all of your medical health care needs. This doctor will refer you for specialty care when needed. Some referrals require prior authorization by GCHP.

You must receive all medical care from your PCP unless he/she refers you for specialty care or the services are for an emergency.

**Do All GCHP Members Need to Choose a PCP?**

When you first become a GCHP member, you have 30 days to choose a PCP. During that time, you can go to any doctor or clinic in Ventura County that accepts Medi-Cal. Once you have a PCP, that doctor will provide and/or arrange for your health care.

There are some GCHP members who are not assigned to a PCP. These members are called Administrative members. These are members who:

• Have other health insurance, including Medicare, in addition to Medi-Cal.
• Are in long-term care (skilled or intermediate nursing care) for more than 30 days.
• Are terminally ill and enrolled in hospice.

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

**Choosing Your Primary Care Provider (PCP)**

• Look through the GCHP Provider Directory. Choose the PCP (clinic or doctor) that you want. You may also call GCHP Member Services at 1-888-301-1228 / TTY 1-888-310-7347 for help or go to the Plan’s website, www.GoldCoastHealthPlan.org, for a listing of providers (clinics and doctors).
• There are doctors who speak other languages in addition to English or who may have staff who speak other languages. You can check to see which languages each doctor offers by looking at the section in the Provider Directory called “Languages.”
• You do not have to choose the same doctor for everyone in your family.
• Fill out the PCP Selection Form for yourself and any family members who are also GCHP members. Return the form to GCHP using the postage paid envelope provided. If you do not want to fill out the form, call GCHP Member Services and tell us which PCP you chose.
• If you have a newborn baby, it is important to enroll your baby in Medi-Cal right away. Call HSA at 1-888-472-4463 for information on how to enroll your newborn baby. After your baby is enrolled in Medi-Cal, call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347 to select a doctor for your newborn baby.

• If you do not choose a PCP, GCHP will assign one to you.

• You may have to choose another PCP if the PCP you chose is not accepting new patients.

• If you have any questions about choosing a PCP, call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

Changing Your Primary Care Provider

If you want to change your PCP, you can choose a PCP at any time from the GCHP Provider Directory. Call GCHP Member Services with your choice. The Plan’s staff will update your records and send you a new GCHP ID card. The requested change will be in effect on the first day of the following month. This means you will be able to see your new doctor beginning on the first day of the month after you make your request.

You can ask the Member Services representative to tell you which PCPs are available. You can request that the representative mail you a current version of the Provider Directory. You can also review the list of PCPs on the Plan’s website at www.GoldCoastHealthPlan.org.

Disenrollment from a Primary Care Provider

A PCP may ask GCHP to disenroll a member from their practice. If the request is approved by GCHP, the member must choose a different PCP. Some reasons for disenrollment are:

• Abusive, violent or disruptive behavior

• Frequently missing scheduled appointments

• Breakdown in the patient-physician relationship

Selecting Kaiser Permanente as Your Primary Care Provider (PCP)

You may be able to choose Kaiser Permanente (Kaiser) as your PCP if one of the following conditions applies:

1. You must have been a Kaiser member within the six months prior to becoming a GCHP member.

2. A newborn of a mother who is a GCHP member and is assigned to Kaiser as her PCP.

3. Be a qualified, immediate family member living in the same home as a current Kaiser member with one of the following qualifiers:
   • Spouse (including Domestic Partners)
   • An unmarried dependent child under the age of 21
   • A disabled dependent over the age of 21 (parent or guardian must be the conservator with court-ordered legal power of attorney)
   • Married/Unmarried/Step Parents of children under the age of 21
   • Foster child or stepchild
   • Legal Guardian
   • A grandparent, parent, guardian or other relative who applied for Medi-Cal on behalf of a child under the age of 21 and is eligible to enroll in Kaiser as a qualified family addition based on having the same Medi-Cal case number as the child.

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

You cannot select Kaiser as your PCP if you have a SOC and/or any other medical health insurance coverage.

Confidentiality of Personal Information and Records

GCHP understands how important it is to protect medical records and other confidential member information. Below are steps that GCHP has taken to make sure information about its members is kept confidential and only released to authorized persons.

- GCHP has policies and procedures that outline how the confidentiality of member information and records is protected.
- As a condition of employment, all GCHP employees are required to sign a Confidentiality Statement. This statement advises employees of civil and criminal sanctions resulting from the release of confidential information to unauthorized persons.
- All contracts with doctors include GCHP’s expectations about the confidentiality of member information and records. PCP offices are monitored by GCHP to measure their ability to keep patient information confidential.
- All doctors contracted with GCHP are informed of members’ rights to access their medical records at no charge.

Can GCHP Discuss or Release My Health Care Information with Someone Else?

There are times when you might want a family member or a trusted friend to speak to GCHP for you. Because the Plan is required to guard your protected health information (PHI), it is necessary for you to give GCHP permission to speak to someone else. One way to do this is by filling out a Member Authorization Form. You can find this form on GCHP’s website or you can call Member Services to request it. Simply return the form to us by mail or fax. You may also revoke your authorization by writing to the Plan at the address on the form.

If you are 18 years old or older, your parents may only speak to us on your behalf with your permission.

The types of information you might want us to share can include, but is not limited to:

- PHI.
- Names of doctors treating you.
- Diagnoses.
- Treatments.
- Medical information used to make payment decisions.
- Payment status.
- Eligibility.

If you are a member with a personal representative - an individual that has the legal authority to make health care decisions on your behalf - GCHP may discuss or disclose your medical information to him/her. If you are an adult with a personal representative, GCHP will need the legal documentation of the relationship. Some of the following would be valid forms of a personal representative relationship:

- Conservatorship.
- Power of Attorney with medical decision authority.

A Member Authorization Form will not allow your representative to change your PCP. GCHP will need to speak to you, the member, to make that change.
Information about GCHP Providers

If you would like information about a GCHP doctor (regarding training, education, board certification, etc.) you can call the doctor’s office or call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

How Providers Get Paid

Health care providers (doctors) can be paid in one of two ways. Providers may receive:

- A fee for each service provided.
- Capitation (a flat rate paid each month per member).

GCHP does not offer financial incentives to its contracted providers. Please call GCHP if you would like to know more about how your doctor is paid.

Can I Lose My Coverage with GCHP?

Yes. You may be disenrolled from GCHP if:

- You are no longer eligible for Medi-Cal.
- You move out of Ventura County. You may be eligible for Medi-Cal in your new county.
- Your Medi-Cal coverage changes to a category not covered by GCHP. You may be eligible for Fee-for-Service Medi-Cal. Talk to your eligibility worker.

If you move out of the county, notify HSA at 1-888-472-4463. If you receive benefits from the Social Security Administration (SSA), call 1-800-772-1213.

Other Health Insurance

If you have health insurance in addition to Medi-Cal, make sure you tell your eligibility worker or the SSA. If you lose your other health insurance, make sure you tell your eligibility worker or the SSA.

If you have Medicare, Blue Cross, Health Net, or any other health plan, that plan is your “Primary Insurance.” Your primary insurance pays first, you must use their providers and follow their rules. GCHP (Medi-Cal) is the payer of last resort. GCHP will only pay for Medi-Cal covered services and may pick up deductibles and/or co-payments that your primary insurance does not cover. Make sure your doctor knows about all of the types of health insurance that you have, including Medicare.

Health Insurance Premium Payment (HIPP) Program

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

Newborn and Infant Enrollment

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

If you recently had a baby and have questions about how to enroll your baby in Medi-Cal, call HSA at 1-888-472-4463 or GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347 for more information.

If you have questions about how to select a doctor for your newborn baby, please call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.
GCHP values your health and the health of your baby. Please call if you have any questions about how to enroll your baby in Medi-Cal.

**Transitional Medi-Cal (TMC)**

TMC is for members who lose CalWORKs (cash aid) or Medi-Cal eligibility due to an increase in income from a new job, marriage or a spouse returning to the home. Medi-Cal members who qualify for TMC may keep their Medi-Cal health coverage for up to 12 months and keep their membership with GCHP. If you lose eligibility for Medi-Cal because you have more income, you should contact your Medi-Cal eligibility worker right away. For more information about the TMC program, contact the DHCS at 1-800-880-5305 or your local HSA.

**Grievances and Appeals**

If you are dissatisfied with your care or you need help solving a problem that involves your medical care and/or service, GCHP has a Grievance and Appeals system to help you. You have the right to file a grievance or an appeal if you disagree with a decision made by GCHP, one of its providers, or if you are not happy with the service you received. You must file your grievance within 180 days from the date the incident or action occurred.

If you decide to file a grievance or an appeal, you may do so by:

- Calling Member Services at 1-888-301-1228/TTY 1-888-310-7347
- Visiting the GCHP website at [www.GoldCoastHealthPlan.org](http://www.GoldCoastHealthPlan.org) in the Members Section under Resources-Grievance & Appeals (G&A) for a form you can use
- Sending your grievance/appeal in writing to:

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

You can also get the form to file a grievance or appeal at your doctor's office.

When filing a grievance or appeal, you should:

- Include your Member ID number from your GCHP ID card
- Explain what happened or what you would like help with

You may receive a Notice of Action (NOA), a formal letter telling you that a medical service has been denied, deferred, or modified. If you receive a NOA from GCHP:

- You must file your appeal within 90 calendar days from the date on the NOA.
- You may request a State Fair Hearing from the Department of Social Services (DSS) within 90 calendar days of the NOA. For more information about State Fair Hearings, refer to the section below titled State Fair Hearings.
- You may request continuation of services while you appeal the decision through a State Fair Hearing. This is called “Aid Paid Pending.” See details under Aid Paid Pending below.

GCHP will send you an acknowledgement letter within five calendar days of the date your grievance or appeal was received by GCHP. GCHP will send you a written resolution to your grievance or appeal within 30 calendar days from the date it was filed. GCHP will make every effort to resolve your grievance or appeal within 30 calendar days. However, if there is some reason this is not possible, you will be notified by letter that an additional 14 days is required.
If you are not satisfied with the resolution, you may request a State Fair Hearing. To file for a State Fair Hearing, refer to the State Fair Hearings section below.

You should first try to work with GCHP to resolve any issues you have with GCHP benefits or services received from the Plan’s providers. If you are unable to resolve the issue, you may call the State Ombudsman Unit at 1-888-452-8609 Monday through Friday between 8 a.m. and 5 p.m.

If you feel that a delay in processing your appeal through the normal process would create a serious threat to your health, including, but not limited to, severe pain, potential loss of life, limb or major bodily function, you can request an expedited review. The Plan’s medical staff will determine if your request for an expedited review meets the criteria listed above. When an expedited review is necessary, GCHP will issue a written statement on the status of your complaint or appeal within three business days from the date it was received.

Please note: You do not have to file a grievance or appeal through GCHP. You have the right to file a State Fair Hearing if you disagree with a decision made by GCHP or one of its providers. You may file a State Fair Hearing before, during or after filing with GCHP. See the State Fair Hearing section below for more information.

GCHP does not handle issues about your Medi-Cal eligibility. For eligibility issues, contact your county eligibility worker.

**State Fair Hearings**

All Medi-Cal beneficiaries have the right to request a State Fair Hearing to appeal a decision by GCHP or to file a grievance about the service they received from GCHP or one of its providers. You must request the State Fair Hearing within 90 calendar days from the date of the action that you are dissatisfied with. If you request a State Fair Hearing from the DSS, your case will be reviewed by an administrative law judge. The judge will send you a decision on your case within 90 calendar days of the date of your hearing.

**Expedited State Fair Hearings**

If you feel that a delay in processing your State Fair Hearing through the standard timeframe would create a serious threat to your health, including, but not limited to, severe pain, potential loss of life, limb or major bodily function, you can request an expedited State Fair Hearing by contacting the State Fair Hearing division at the numbers listed below.

You may write your own request for a State Fair Hearing or you may use the form included with the Notice of Action you received.

<table>
<thead>
<tr>
<th></th>
<th>Call:</th>
<th>1-800-952-5253 or TDD: 1-800-952-8349</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Write to:</td>
<td>California Department of Social Services</td>
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<tr>
<td></td>
<td></td>
<td>State Fair Hearings Division</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P.O. Box 944243</td>
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<td></td>
<td></td>
<td>Mail Station 19-37</td>
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<td></td>
<td></td>
<td>Sacramento, CA 94244-2430</td>
</tr>
<tr>
<td>3</td>
<td>Fax:</td>
<td>1-916-651-2727</td>
</tr>
</tbody>
</table>
Grievances for Members Assigned to Kaiser Permanente

If you have selected Kaiser Permanente (Kaiser) as your PCP and want to file a grievance or an appeal, you will need to file that grievance with Kaiser.

Call Kaiser Member Services at 1-800-464-4000/TTY 1-800-777-1370 if you have questions about Kaiser and your grievance.

Aid Paid Pending

If you have received a notice that GCHP has decided to reduce, suspend or terminate medical services, you may be able to keep getting the services while you appeal the decision through a State Fair Hearing. This is called “Aid Paid Pending.” You are eligible for Aid Paid Pending if:

- You request a State Fair Hearing on or before the 10th day after a written decision is sent to you so that services you have been receiving on an ongoing basis will not be reduced, suspended, or terminated, OR before the date of the proposed action, whichever is later, and the treating GCHP physician has ordered the services at the present level.

GCHP will continue to provide services at a level equal to the level ordered by the physician until a final decision is made by an administrative law judge.

State Medi-Cal Managed Care Ombudsman

The state has an ombudsman to help you when you are unable to solve problems you have with your health plan. The primary mission of the Ombudsman’s Office is to investigate and attempt to find resolutions to complaints about managed care made by or on behalf of Medi-Cal beneficiaries. The ombudsman also works to ensure that access and high quality of managed care services are being provided to Medi-Cal beneficiaries. You may call the state Ombudsman’s Office at 1-888-452-8609.

NOTICE OF PRIVACY PRACTICES

How does Gold Coast Health Plan Use and Disclose My Health Information?

GCHP stores health-related records about you, including your claims history, health plan enrollment information, case management records, and prior authorizations for health services. We use this information and disclose it to others only for the following purposes:

- **Treatment:** GCHP uses your health information to coordinate your health care. The Plan discloses it to hospitals, clinics, physicians and other health care providers to enable them to provide health care services to you.
- **Payment:** GCHP uses and discloses your health information to make payments for the health care services you receive, including determining your eligibility for benefits, and your doctors eligibility for payment. For example, we inform providers that you are a member of the Plan and tell them your eligible benefits.
- **Health care operations:** GCHP uses and discloses your health information as necessary to enable the operation of the Plan. For example, GCHP uses its members' claims information for internal financial accounting activities and for quality assurance purposes.

GCHP also discloses health information to its contractors and agents who assist in these functions, but the Plan obtains a confidentiality agreement from them before making such disclosures for payment or operational purposes. For example, companies that provide or maintain the Plan’s computer services may have access to computerized health information in the course of providing their services.
Why we might contact you?

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

Can others involved in my care receive information about me?

Yes, with your permission, GCHP may release medical information to a friend or family member who is involved in your care or who is paying for your care, to the extent we judge it necessary for their participation. This includes responding to telephone inquiries about eligibility and claim status.

Can my health information ever be released without my permission?

Yes, GCHP may disclose health information without your authorization to government agencies, private individuals and organizations in a variety of circumstances in which the Plan is required or authorized by law to do so. GCHP may be required or allowed to make the following disclosures without your authorization:

- Disclosures that are required by state or federal law.
- Disclosures to public health authorities or to other persons in connection with public health activities.
- To government agencies authorized to receive reports of abuse or neglect of children or dependent adults, or domestic violence.
- To agencies that are responsible for overseeing the health care system for audits, inspections or investigations.
- For judicial and administrative proceedings, such as lawsuits.
- To law enforcement agencies.
- To coroners and medical examiners.
- To organ procurement agencies, if you are an organ donor or a possible donor.
- To researchers conducting research under the auspices of an Institutional Review Board or privacy board.
- To avert a serious threat to health or safety.
- To assist authorized federal officials in national security activities, or for the provision of protective services to officials.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the institution or official.
- To other agencies administering government health benefit programs, as authorized or required by law.
- To comply with Workers’ Compensation laws.

Are there instances when my Personal Health Information is not released?

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

GCHP will not permit other uses and disclosures of your health information without your written permission or authorization which you may revoke at any time in the manner described in the Plan’s authorization form.
Your Individual Rights

What rights do I have as a GCHP member regarding my health information?

As a GCHP member you have the right to:

- Ask GCHP to restrict certain uses and disclosures of your health information. GCHP is not required to agree to any restrictions requested by its members unless the request is solely for a health care item or service for which you or a person other than GCHP has paid for the service(s) out of pocket.
- Protect your privacy. You have the right to receive confidential communications from GCHP at a particular phone number, P.O. Box, or some other address that you specify to us.
- See and copy any of your health records that GCHP maintains. GCHP must receive your request in writing using the “Individual Request for Access to Personal Health Information Form” found on the Plan’s website, or by calling Member Services. GCHP will respond to your request within 30 calendar days. If your records are stored in another location, please allow 60 calendar days for the Plan to respond to your request. GCHP may charge a fee to cover the cost of copying your records. Under certain circumstances, GCHP may deny your request. If your request is denied, the reason will be sent to you in writing. You have the right to appeal the denial.
- Request that GCHP amend your records if you feel they are wrong. GCHP may deny your request under certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- You have the right to receive a report of non-routine disclosures that GCHP has made of your health information, up to six years prior to the date of your request (but not earlier than April 14, 2003). GCHP does not maintain records of disclosures made: to you; with your authorization; for the purposes of health care treatment, determining payment for health services, or conducting GCHP’s operations; and certain other circumstances.
- If you received this notice electronically, you have the right to request a paper copy at any time.

How do I exercise these rights?

As a GCHP member, you have the right to file a complaint with the state’s Privacy Official. You must provide GCHP with specific, written information to support your complaint. You may also file a complaint with the secretary of Health and Human Services.

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

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

As a GCHP member, you have the right to file a complaint using the Grievance and Appeals process. We will need information from you in writing to support your complaint. You may also file a complaint with the Secretary of Health and Human Services. GCHP will not retaliate against you in any way for filing a complaint. Filing a complaint will not affect the quality of health care services you receive as a GCHP member.
GCHP Fraud, Waste and Abuse Reporting

GCHP has various methods in place in which providers, members, vendors and employees can report suspected fraud, waste or abuse. Reports can be made anonymously via:

- Toll-free hotline, available 24 hours a day, seven days a week: 1-866-672-2615
- The fraud, waste and abuse website: www.gchp.alertline.com
- Written report:
  Gold Coast Health Plan
  Attn: Compliance Officer – Fraud Investigation
  711 E. Daily Drive, Suite 106
  Camarillo, CA 93010

Please provide as much information as possible, such as:

- Name of person(s), facility, vendor, etc., that is suspected of fraud, waste or abuse.
- Identifying information, such as: Member/Provider/Facility name, address or telephone number.
- Description and details of suspected fraud, waste or abuse: who, what, where, when (date and time of the incident).
- Any documentation that is related to the report.
- Person filing the report: name and telephone number (only if you do not wish to remain anonymous).

Estate Recovery

The state must seek repayment of Medi-Cal benefits from the estate of a deceased Medi-Cal beneficiary for services received on or after the beneficiary’s 55th birthday. For Medi-Cal beneficiaries who were enrolled (either voluntarily or mandatorily) in a managed care organization, the state must seek recovery of the total premium/capitation payments for the period of time they were enrolled in the managed care organization. Additionally, any other payments made for services provided by non-managed care providers will also be recovered from the estate. For further information regarding the Estate Recovery program only, call 1-916-650-0590, or seek legal advice.
Section 2: How To Receive Health Care Services

Making an Appointment with Your Primary Care Provider

To make an appointment with your PCP (doctor) you should call the phone number of the PCP printed on your GCHP ID card.

New GCHP members should schedule an initial health exam within 120 days of becoming a GCHP member. This is a good time for you to get to know your doctor and for your doctor to get to know you and your health care needs. During the exam, your doctor will record your complete health history and make sure you are up-to-date with your immunizations (shots). Your doctor will also give you advice to help prevent illness and improve your health. Your doctor can take better care of you by knowing your health history.

At the time of your first visit, your doctor will conduct an Initial Health Assessment (IHA). Your doctor will ask you to complete a questionnaire called the Staying Healthy Assessment (SHA), also known as the Individual Health Education Behavioral Assessment (IHEBA). Completing the IHEBA will help your doctor get information about how best to care for you. Your doctor can also inform you about health education counseling and classes that may help you.

The SHA is available in many languages. Ask your doctor for a copy.

You can make the most of your visit with the doctor when you:

- Make your appointments in advance.
- Make a list of questions to ask your doctor.
- Tell your doctor about all of the medications you take.
- Ask your doctor to explain your treatment if you don’t understand it.
- Take all of your medical ID cards, including your Medi-Cal BIC and GCHP ID card to all of your medical appointments.

Remember to make appointments for:

- Regular health check-ups.
- Immunizations (shots) for your children.
- Prenatal care.
- Well-baby check-ups.

Women can see any willing GCHP contracted obstetrician/gynecologist (OB/GYN) without a referral or prior authorization. You can call the OB/GYN's office directly and make an appointment. A list of OB/GYN providers is in the Provider Directory on the Plan’s website, or you can call Member Services at 1-888-301-1228/TTY 1-888-310-7347 for help finding one.

Women should schedule regular appointments for pap smears and/or a mammograms. Ask your doctor how often you should make appointments for these types of services. These appointments are important even if you are feeling healthy.

Children 20 years old and younger can receive pediatric preventative screening services. These are called Child Health and Disability Prevention (CHDP) Program services. Examples of CHDP services are: immunizations (shots), hearing and vision exams and well-child check-ups.
Getting an Appointment

How long should you have to wait?

GCHP knows it is important for you to get care from your doctor when you need it. But it is not always possible for a doctor to see you right away. Some specialty appointments may take longer to get than an appointment with your PCP.

California health plans must meet certain standards for access to care. The regulations for this law are called the Timely Access to Non-Emergency Care Services standards. There are different standards for different kinds of appointments.

There are some exceptions. The waiting time for an appointment may be longer if your provider feels that waiting longer will not harm your health.

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>GCHP Standards of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services</td>
<td>Immediately</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Within 24 hours (No prior authorization required)</td>
</tr>
<tr>
<td>Primary Care – routine care</td>
<td>Within 10 business days of request for appointment</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>Within 15 business days of request for appointment</td>
</tr>
<tr>
<td>Non-Urgent Services for diagnosis or treatment</td>
<td>Within 15 business days of request for appointment</td>
</tr>
<tr>
<td>Initial Health Assessments (IHA), Staying Healthy Assessments (SHA), and Individual Health Education Behavioral Assessments (IHEBA)</td>
<td>Within 120 calendar days of enrollment in GCHP</td>
</tr>
<tr>
<td>Sensitive Services</td>
<td>Any contracted or non-contracted provider; no referral or authorization required</td>
</tr>
<tr>
<td>Mental Health Services – Emergency, life threatening</td>
<td>Immediately – call 911</td>
</tr>
<tr>
<td>Mental Health Services – Emergency, non-life threatening</td>
<td>Go directly to the Emergency Room</td>
</tr>
<tr>
<td>Mental Health Services – Urgent</td>
<td>Within 48 business hours of request; no referral or authorization required</td>
</tr>
<tr>
<td>Mental Health Services – Non-urgent</td>
<td>Within 10 days of request; no referral or authorization required</td>
</tr>
<tr>
<td>First Prenatal Visit</td>
<td>Within two weeks of member’s request</td>
</tr>
</tbody>
</table>

Utilization Management (UM) Processes

GCHP wants to make sure you get the best care possible. GCHP reviews requests for care to see if the care meets current medical guidelines and is efficient. This is called Utilization Management. Doctors and
nurses use approved guidelines and look at your personal situation when they approve or deny requests. The doctors and nurses do not get any rewards for denying care.

You can get a copy of the GCHP Utilization Management guidelines by calling Member Services at 1-888-301-1228/TTY 1-888-310-7347. You can also call the state Department of Health Care Services (DHCS) at 1-888-452-8609.

**Specialist Referrals**

A specialist is a doctor who has additional education in a special area of medicine. A specialist treats only certain parts of the body, certain health problems, or certain age groups.

Your doctor will refer you to a specialist, if needed. A referral to a GCHP specialist must be approved by your doctor.

You should be able to get an appointment with a specialist within 15 business days from the date your specialty care was approved. If you have questions about the referral process, talk to your doctor or call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

**Services that Require Prior Authorization from GCHP**

Some services must be authorized by GCHP before you can receive them. Some examples of services that require prior approval are:

- Certain medical equipment.
- Certain medications.
- Certain out-patient surgeries.
- Non-emergency hospitalization or care by a doctor that is out-of-area or out-of-network.
- Care at a skilled nursing facility.

If you need one of these services, your doctor must get authorization from GCHP before providing the service. To do this, the doctor must contact GCHP’s Health Services Department. After GCHP receives the medical information about the service your doctor is requesting for you, the service will be reviewed and the doctor will be notified. If a service is denied, GCHP will also notify you of the denial. If you disagree with the denial, you can call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347 to request an appeal or a State Fair Hearing.

**Timely Access to Non-Emergency Health Care Services**

Sometimes it’s difficult to know what kind of care you need. Your doctor or a covering doctor will be available to assist you by phone 24 hours a day, seven days a week. This is known as “triage.” Triage can:

- Answer your questions about a health concern and instruct you on self-care at home, if appropriate.
- Advise you about whether you should get medical care, and how and where to get care. For example, if you are not sure whether your condition is an emergency, they can help you decide whether you need Emergency Care or Urgent Care, and how and where to get that care.
- Tell you what to do if you need care and the office is closed.

GCHP sets high standards for its doctors. If you need care after normal business hours, GCHP expects that you will receive a return call from a doctor or nurse within 30 minutes. In some cases the waiting time may be longer only if the doctor or nurse determines that it will not have a negative effect on your health.

If you have any questions, please call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347, Monday through Friday, 8 a.m. - 5 p.m.
Getting a Second Opinion

If you would like a second opinion about your medical treatment or diagnosis, you may want to talk to your doctor about a referral to another GCHP doctor. The doctor you are referred to will not take over your care but will help you and your doctor decide which type of medical treatment is best for your medical condition. If your doctor denies your request for a second opinion, you should call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347. Member Services will advise your doctor of your right to get a second opinion.

New Technology

GCHP requires a review for the medical appropriateness of all procedures not covered by Medi-Cal that are considered “new technology or experimental.” When a request for new technology is received, GCHP’s medical staff gathers information about the procedure and looks at the recommended use and safety of the procedure. All of the information collected is then forwarded to an appropriate specialist or a committee of specialists to review the material. They will advise GCHP about the use of the new technology. The specialist or the committee will also be asked to recommend whether the procedure should be available to all GCHP members. The recommendation of the specialist or the committee will be forwarded to GCHP’s Chief Medical Officer or another designated physician who will decide if it will be approved or denied.

Prescription Drugs

If you have a prescription that needs to be filled, you should take it to one of the pharmacies listed in the Provider Directory that GCHP sent to you. If you are outside of Ventura County and need to have a prescription filled, call GCHP Pharmacy Services 24 hours a day, seven days a week at 1-888-531-0998, for information about available, contracted pharmacies near you.

GCHP keeps a list of covered drugs that have been selected by GCHP’s Pharmacy and Therapeutics Committee (P&T Committee). This list is called a “Drug Formulary.” GCHP’s P&T Committee, a group of practicing physicians and pharmacists, meets quarterly to review and update the formulary. Drugs are evaluated and selected for the formulary based on their safety, quality, effectiveness and affordability. The presence of a drug on the formulary does not guarantee the drug will be prescribed for a particular medical condition.

Some drugs listed may have additional requirements or limits on coverage:

- **Prior Authorization:** GCHP requires your physician to get prior approval for certain drugs. This means that you will need to get approval from GCHP before you fill your prescriptions.
- **Quantity Limits:** GCHP limits the amount of the drug that GCHP will cover.
- **Step Therapy:** GCHP requires you to try certain drugs to treat a medical condition before GCHP will cover another drug for that condition.

In some cases, your doctor may choose to prescribe a drug that is not on the formulary. In order for this drug to be covered, your doctor must obtain approval from GCHP before your prescription is filled. During weekends, holidays and non-business hours, a GCHP contracted pharmacy may give you enough of your prescription medications, up to 72 hours, to last until the next business day.

You may ask GCHP to make an exception to the formulary or to the limits of certain drugs. Two types of exceptions can be made:

1. You can ask GCHP to cover a drug even if it is not on the formulary.
2. You can ask GCHP to waive coverage restrictions or limits on your drug.
Generally, GCHP will only approve your request for an exception if the alternative drugs covered by GCHP would not be as effective in treating your condition and/or would cause you to have adverse medical effects. When you request an exception, you should submit a statement from your prescriber or physician supporting your request. Generally, GCHP must make its decision within 24 hours or one business day. To request an exception, call GCHP Pharmacy Services at 1-888-531-0998.

If you would like a copy of the GCHP drug formulary, information about specific drugs on the formulary or a list of pharmacies, you can contact GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347 or visit the Plan’s website at www.GoldCoastHealthPlan.org.

Emergency Medical Care

An emergency medical condition is a condition that you feel could lead to disability or death if not immediately treated. It may also be a condition that is causing you severe pain. Some examples of emergencies include heart attacks, chest pains, severe bleeding, poisoning, overdose, active labor or difficulty breathing.

**If you have a life-threatening emergency, call 9-1-1 or go to the nearest Emergency Room.**

You can get 24-hour emergency care at any emergency room without prior authorization. Emergency providers are required to provide interpretive services at no cost when needed. If you need to go to the emergency room, take all of your health insurance cards, including your GCHP ID card and your Medi-Cal BIC card.

If you are not sure if you have an emergency condition, call your doctor.

When you are outside of Ventura County, you are only covered for emergency services. If you have a life threatening emergency while you are away from home, you should go to the closest Emergency Room.

You should not have to pay for emergency services. If you paid for emergency services or if you are getting a bill for emergency services, call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347 for help.

After an emergency room visit, you should always contact your doctor for follow-up care.

**DO NOT USE THE EMERGENCY ROOM FOR ROUTINE MEDICAL CARE**

After Hours Urgent Care

There is a difference between urgent care and emergency care. Urgent care is care you need immediately for a condition that is not life threatening. Urgent care should be used for conditions such as sprains, earaches and prolonged high fever that can’t wait until the next day. You should call your doctor first to obtain urgent care services.

If you contact your doctor after hours and cannot reach him/her or the covering physician, you may use urgent care centers for needed care. A list of contracted urgent care centers is located in the Provider Directory or can be found on GCHP’s website at www.GoldCoastHealthPlan.org.

Hospital Care

If you need to be hospitalized, your doctor will make the hospital arrangements for you.
Out of Area Care

If you are traveling outside of Ventura County and get sick or injured, please call your PCP unless it is an emergency. If it’s an emergency, go to the nearest emergency room or call 9-1-1.

If you are traveling outside of the county or the state, only emergency services are covered. Make sure the providers you see accept Medi-Cal/Medicaid and remember to show the providers your Medi-Cal Benefits ID Card (BIC), your GCHP ID card and any other insurance card(s) you may have, if applicable. Ask the providers if they are willing to accept Medi-Cal as full payment for the services you receive. If not, you may be responsible for the bills.

Some out-of-county services are available, but only if pre-authorized by GCHP.

Medical Coverage Outside of the United States

Services are not covered outside of the U.S. except for emergency services that require hospitalization, and only in Canada or Mexico. If you pay for emergency services that required hospitalization in Canada or Mexico, GCHP will only reimburse you the Medi-Cal allowable rate of reimbursement, which may be less than the amount you actually paid.

Transportation - Emergency Medical (Ambulance)

Emergency transportation is covered when your medical condition is life threatening. If you think your condition is life threatening, call 9-1-1. If you aren’t sure if your medical condition is life threatening, call your doctor.

Transportation - Non-Emergency Medical (NEMT) and Non-Medical (NMT) Transportation

- Non-Emergency Medical Transportation is transportation to and from a medical appointment when you have a medical need to use an ambulance, litter van or wheelchair van. You may qualify for NEMT if you cannot travel by bus, car, taxi or other public transportation due to a medical need. NEMT is provided by Ventura Transit Systems (VTS). Gold Coast Health Plan allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. There is no cost when transportation is authorized by Gold Coast Health Plan.
- Non-Medical Transportation is transportation to and from a medical appointment for treatment or screening when an ambulance, litter van or wheelchair van is not medically needed. Non-Medical Transportation is provided by using sedan vehicles and is provided by VTS. There is no cost when transportation is authorized by Gold Coast Health Plan.

To ask for NEMT or NMT please call GCHP Member Services at 1-888-301-1228, TTY: 1-888-310-7347 Monday through Friday 8 a.m. – 5 p.m., excluding holidays. VTS requires 48-hours’ notice prior to the appointment to arrange the ride. Or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Care Management Department

Care Management is a service that is available to you as a GCHP member. Your doctor can ask the Plan to assist you, or you can contact us yourself for a health-related concern.

GCHP Care Managers are registered nurses and social workers and are ready to work with you should you require assistance with:

- Understanding and managing your benefits.
- Communicating with your doctors.
• Establishing a medical home.
• Learning about community resources that may be available to you.
• Setting goals and making plans for improving your health.
• A new diagnosis that is causing you concern.
• Learning about your condition.
• Problems with your pregnancy.
• Organ transplant questions.
• Managing multiple medications.

To reach the GCHP Care Management Department, please call 1-805-437-5634/TTY 1-888-310-7347 or email: CareManagement@goldchp.org. If emailing, please include your phone number and GCHP ID number for a prompt response.

Members with Disabilities

If you have a disability or a serious medical problem that makes it hard for you to obtain or arrange medical care, you should contact GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

The Member Services staff will explain how to obtain medical care through GCHP. Staff can also refer you to a care manager who can help you arrange and coordinate your medical care.

Hospice Care

Hospice Care is provided by a health care team to meet the needs of members who are diagnosed with a terminal illness and have a life expectancy of six months or less, and who choose hospice care instead of the usual medical services covered by GCHP. The hospice choice may be cancelled at any time. Hospice care is used to relieve pain and suffering and treat symptoms rather than to cure illness. Hospice care and services may be provided in a home by a licensed or certified provider or in an inpatient hospice facility. The hospice benefit includes:

• Nursing services.
• Home health aide services.
• Bereavement services.
• Social services or counseling services.
• Dietary counseling services.
• Physician services.
• Short-term inpatient care (respite care).
• Physical therapy, occupational therapy, and speech therapy for symptom control or to maintain activities of daily living.
• Pharmaceuticals, medical equipment and supplies to the extent reasonable and necessary for pain control and symptom management of terminal illness.

California Children’s Services (CCS)

California Children’s Services (CCS) is a state program for children and young adults with certain health problems and physical limitations. Through this program, individuals can get the health care and services they need up until their 21st birthday. CCS and GCHP will work together to connect you with doctors and trained health care professionals who know how to care for children and young adults with special health care needs.
GCHP does not pay for services if your child’s health condition meets the requirements for CCS coverage. You will be notified by CCS when they need information from you. It is very important that you complete all required CCS paperwork when you receive it and return it to CCS by the date specified. Applying for CCS does not affect your other GCHP benefits.

Common questions:

- **Who is eligible?**
  Children 20 years old and younger; children that have or may have a medical problem that CCS covers; children who are residents of California and meet income and residential requirements.

- **What does CCS do?**
  CCS will help manage your child’s health care. Sometimes CCS will refer your child to other agencies, like Public Health Nursing and Regional Centers. CCS also has a Medical Therapy Program (MTP). MTPs are usually in public schools and provide physical and occupational therapy to eligible children.

- **Can my child use any doctor?**
  CCS must approve the doctor first.

For more information about the CCS program, contact the county’s CCS office, 2240 E. Gonzales Road, Suite 260, Oxnard, CA 93036 or by phone at 1-805-981-5281. You may also look for your CCS local office at: [www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx).

If your child is currently enrolled in CCS and you need assistance or are having a problem getting care, contact GCHP’s Care Management Department at 1-805-437-5634.

**Child Health and Disability Prevention (CHDP) Program**

Children 20 years old and younger are eligible to receive preventive health checkups called Child Health and Disability Prevention (CHDP) care. CHDP exams include a complete physical, developmental assessment, immunizations, vision and hearing tests, health education and laboratory tests. Your doctor will provide these CHDP checkups and immunizations for your child. For more information about CHDP services, contact your doctor or call your local CHDP office at:

**Child Health and Disability Prevention**  
2240 E. Gonzales Road, Suite 270  
Oxnard, CA 93036  
805-981-5291

**Women, Infants and Children (WIC) Program**

WIC is a special supplemental nutrition program for women, infants and children. As a Medi-Cal member, if you are pregnant or have a child under five years old, you are eligible for WIC services. Your doctor can refer you to WIC or you can call your local WIC office at 1-805-981-5251 for more information about the program. Call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347 for the phone number of a local WIC office. You can get free food and nutrition education from WIC so you and your children can be healthier.
Family Planning and Sensitive Services

Family planning and sensitive services are benefits provided to members. GCHP’s PCPs and OB/GYN specialists are available to assist you in obtaining these services. For the family planning and sensitive services listed below, you may also pick a doctor or clinic not connected with GCHP without having to get permission. You must make sure the provider will accept Medi-Cal rates. GCHP will pay that doctor or clinic for the services you receive.

These are examples of some family planning and sensitive services:

- Family planning services, including birth control and emergency contraception.
- Pregnancy testing and counseling.
- Sexually transmitted disease testing and treatment.
- HIV/AIDS testing.
- Sexual assault treatment services.
- Pregnancy termination services.

Some doctors may not provide one or more of these services. You can get more information about these services by calling your doctor or GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

You can also contact the DHCS Office of Family Planning at 1-800-942-1054 for more information about family planning services, consultations and referrals to family planning clinics.

Certified Nurse Practitioner/Certified Nurse Midwife

A Certified Nurse Practitioner (CNP) is a licensed nurse who works under the direction of a doctor to provide primary care services, including treatments and prescriptions. A Certified Nurse Midwife (CNM) is a licensed nurse who works under the direction of a doctor to provide care for mothers before, during and after pregnancy and for the newborn right after birth. GCHP members may get health care services from a CNP or CNM. If you do not have access to a CNP or CNM within your health network, you may get CNP or CNM services from an out-of-network provider who is willing to accept Medi-Cal rates. For more information, or to get a list of CNP or CNM providers in Ventura County, contact GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

Minor Consent Services

Minor Consent Services are those covered services of a sensitive nature which minors, ages 12 to 18 can access without parental permission. These services include:

- Sexual assault.
- Drug or alcohol abuse for children 12 years of age or older.
- Pregnancy.
- Family Planning.
- Sexually transmitted diseases in children 12 years of age or older.

You can go to your doctor or directly to any Medi-Cal provider for sensitive and/or minor consent services. You don’t need a referral from your doctor. All members have the right to confidentiality when getting these services. To get more information about these services, contact your doctor or GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.
Community Based Adult Services (CBAS)

CBAS is a service you can get if you need social services, meals, helpful therapies, or other services to continue living in your home.

Services you can receive at a CBAS center include:

- Social services
- Meals
- Physical therapy
- Speech therapy
- Occupational therapy

CBAS centers also offer training and support to 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 were approved to get CBAS.
- Your primary care doctor refers you for CBAS and you are approved to get CBAS by GCHP.
- You are referred for CBAS by a hospital, skilled nursing facility or community agency and you are approved to get CBAS by GCHP.

Once GCHP gets the referral, a nurse will do a face-to-face interview with you to make sure you get the services you need.
Section 3: Cultural and Linguistic Services

How to Access the Language Assistance Program

GCHP understands the importance of being able to communicate with and understand your doctor. GCHP can help you: get an interpreter; translate documents into another language; and explain the materials GCHP sends you. To request these services, please call Member Services at 1-888-301-1228/TTY 1-888-310-7347 or email CulturalLinguistics@goldchp.org.

GCHP offers the following interpreter and translation services at no cost:

- Sign language interpreter services.
- Telephonic interpreter services are available 24 hours a day, seven days a week.
- In-person (face-to-face) interpreting services – Advance notice is needed to schedule an appointment for an in-person interpreter.
- Translation of member documents into GCHP threshold language(s).
- Written materials in an alternative format (braille, large print, etc.).

It is important to use a professional interpreter at your medical appointments. GCHP discourages the use of family or friends, especially children, as interpreters. GCHP’s Cultural and Linguistic Services is here to help you. Call Member Services at 1-888-301-1228/TTY 1-888-310-7347, if you would like more information about how to access an interpreter.

You have the right to no-cost interpreting services. This right is protected by the federal Americans with Disabilities Act.

Do You Need to Receive GCHP Materials in Another Format?

This handbook and other member information may be available in braille, large print, audio or electronic versions like CDs or diskettes. If you would like a copy of the handbook in an alternative format, please call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347 to request these materials.
## Section 4: Benefits

### Summary of Health Care Services

As a Medi-Cal recipient with Full Scope coverage, you are eligible to receive all medical care that is medically necessary and is not considered experimental. Below is a summary of the most commonly used Medi-Cal benefits. It is important to work with your doctor to receive medically necessary services.

<table>
<thead>
<tr>
<th>SUMMARY OF COVERED SERVICES</th>
<th>HOW TO GET THESE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Preventative Services</strong>&lt;br&gt;Health history and physical exams, adult immunizations, annual mammography exams for women, blood pressure, cholesterol and/or cancer screening, and TB screening.</td>
<td>Call your PCP for an appointment. No prior authorization is required for Preventative Services. See the Adult Immunization Schedule and the Adult Health Screening Guidelines beginning on page 43.</td>
</tr>
<tr>
<td><strong>Doctor Office Visits</strong>&lt;br&gt;Check-ups, immunizations, examinations, treatment and consultations. (See the attached Schedule of Immunizations and Preventative Health Services beginning on page 43.)</td>
<td>Call your PCP for an appointment.</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong>&lt;br&gt;Equipment such as wheelchairs, crutches, artificial limbs, etc.</td>
<td>Must be ordered by your PCP or specialist and may require authorization by GCHP.</td>
</tr>
<tr>
<td><strong>Emergency Care</strong>&lt;br&gt;Medical care for life threatening medical conditions received in an Emergency Room.</td>
<td>Go to the nearest Emergency Room or call 9-1-1 and show your GCHP ID card and your Medi-Cal BIC card. Call your PCP to let them know you have been to the Emergency Room. Schedule a follow-up visit with your PCP.</td>
</tr>
<tr>
<td><strong>Emergency Transportation</strong>&lt;br&gt;Emergency ambulance is available if your medical condition is life threatening.</td>
<td>Call 9-1-1 for emergency ambulance services.</td>
</tr>
<tr>
<td><strong>Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)</strong>&lt;br&gt;Transportation such as ambulance, litter van or wheelchair van service is available when your medical condition makes it impossible for you to use a regular bus or car. Non-Medical Transportation is transportation to and from a medical appointment for treatment or screening when an ambulance, litter van or wheelchair van is not medically needed.</td>
<td>Must be ordered by your medical provider and verified by GCHP. Ventura Transit Systems (VTS) will call you to schedule your ride(s).</td>
</tr>
<tr>
<td><strong>Family Planning Services</strong>&lt;br&gt;Birth control, pregnancy testing and counseling, sexually transmitted disease testing and treatment, tubal ligations, vasectomies and abortions. Follow-up care for complications related to contraceptive methods issued by the Family Planning provider.</td>
<td>Call your PCP or go directly, (without approval) to any Medi-Cal provider willing to provide these services.</td>
</tr>
<tr>
<td>SUMMARY OF COVERED SERVICES</td>
<td>HOW TO GET THESE SERVICES</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Health Education</strong></td>
<td>Call Member Services at 1-888-301-1228, TTY 1-888-310-7347 or email <a href="mailto:healtheducation@goldchp.org">healtheducation@goldchp.org</a>. The Health Education Referral Form can be found on the GCHP website at <a href="http://www.GoldCoastHealthPlan.org">www.GoldCoastHealthPlan.org</a>. No authorization required. The member may self-refer.</td>
</tr>
<tr>
<td>Health education programs including information on asthma, breastfeeding, prenatal and postnatal care, smoking cessation, healthy lifestyle and diabetes care management. Information on additional topics as requested.</td>
<td></td>
</tr>
<tr>
<td><strong>Hearing Aids</strong></td>
<td>Must be ordered by your PCP and authorized by GCHP.</td>
</tr>
<tr>
<td>A small battery-operated device worn in or behind the ear to help a deaf or hard of hearing person hear sounds more clearly.</td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Care (Non-Custodial)</strong></td>
<td>Must be ordered by your PCP and authorized by GCHP.</td>
</tr>
<tr>
<td>Medical care provided in the home by health care professionals. Services include wound care, IV antibiotics, physical therapy and other services that require a licensed professional and can safely be provided in the home.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospice Care</strong></td>
<td>Must be ordered by your provider.</td>
</tr>
<tr>
<td>Supportive care designed for people in the final phase of a terminal illness. The focus is on comfort and quality of life, rather than a cure. The goal is to keep the patient comfortable and as pain-free as possible while supporting other family members.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td>Must be arranged by the PCP or the treating specialist physician. All non-emergency hospital services require prior authorization from GCHP.</td>
</tr>
<tr>
<td>Medical care for conditions requiring hospitalization.</td>
<td></td>
</tr>
<tr>
<td><strong>Immunization (shots)</strong></td>
<td>Call your PCP to make an appointment. See the Schedule of Immunizations beginning on page 42.</td>
</tr>
<tr>
<td>Injections to help the body prevent or fight off a disease.</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Supplies</strong></td>
<td>Must be ordered by your provider.</td>
</tr>
<tr>
<td>Supplies such as adult diapers or feeding tubes.</td>
<td></td>
</tr>
<tr>
<td><strong>Newborn (baby) Care</strong></td>
<td>Provided under the mother’s Medi-Cal coverage for the month of birth and one month after.</td>
</tr>
<tr>
<td>Inpatient newborn medical care.</td>
<td></td>
</tr>
<tr>
<td><strong>Nurse Practitioner and/or Nurse Midwife</strong></td>
<td>Call the Member Services Department for a list of practices that have these types of providers on staff. It may be necessary for you to transfer to a new PCP.</td>
</tr>
<tr>
<td>Services within the scope of their practice.</td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Therapy</strong></td>
<td>Must be ordered by your PCP and authorized by GCHP.</td>
</tr>
<tr>
<td>To help recovery from a disease or injury.</td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric Preventative Services/Child Health and Disability Prevention (CHDP)</strong></td>
<td>Call your child’s PCP for an appointment. No prior authorization is required for Preventative Services.</td>
</tr>
<tr>
<td>Check-ups, shots, hearing, vision, dental and other exams given to children under the age of 18. Services also include infant and child health services through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.</td>
<td></td>
</tr>
</tbody>
</table>
### SUMMARY OF COVERED SERVICES

<table>
<thead>
<tr>
<th>Physical Therapy</th>
<th>Must be ordered by your PCP and authorized by GCHP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercises and physical activities to help condition muscles and restore strength and movement.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Prenatal/Postnatal Care</th>
<th>Referred by your PCP or call any GCHP contracted OB/GYN doctor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care during pregnancy and after delivery.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>Any pharmacy that is contracted with GCHP. Some prescriptions may require approval by GCHP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications prescribed by a physician.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skilled and Intermediate Nursing Home Services</th>
<th>Must be ordered by your PCP and authorized by GCHP. Length of stay is determined by the continued need for services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services needed while in a skilled or intermediate nursing facility. Daily room and board in a 24-hour nursing facility.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty Care</th>
<th>Your PCP will refer you to a specialist when necessary. Contact your PCP if you think you need to see a specialist.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care from a specialist, such as orthopedics, neurology, audiology, podiatrists, etc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Speech Therapy</th>
<th>Must be ordered by your PCP and authorized by GCHP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment to correct a speech impairment that resulted from birth, from disease, injury or prior medical treatment.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transgender Services</th>
<th>Must be ordered by your PCP and authorized by GCHP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes care when medically necessary for medical care or surgery to change a person’s gender.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Care</th>
<th>Any Vision Service Plan (VSP) contracted provider. See the VSP Provider Directory or call GCHP Member Services for assistance. NO referral is necessary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>One routine eye examination every two years or as medically necessary. Glasses every two years for children 20 years old and younger. See Vision Care section for more information.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X-ray and Laboratory</th>
<th>Requested by the PCP or treating physician. Some services require prior authorization. Your physician will contact GCHP for authorization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services such as blood-work, ultrasound, computed tomography (CT) scan or x-ray.</td>
<td></td>
</tr>
</tbody>
</table>

### Mental Health Services

Outpatient mental health services for mild-to-moderate mental health conditions are a benefit under GCHP and are provided by Beacon Health Options (Beacon). You can call Beacon at 1-855-765-9702, Monday through Friday 8:30 a.m. - 5 p.m., or ask your PCP to make a behavioral health referral for you.

Beacon provides the following services for mild-to-moderate mental health conditions, which may 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; and
• Applied Behavioral Analysis (ABA) for autism.

Some services are not a benefit under GCHP/Beacon:

• Mental health services for relational problems are not covered. This includes counseling for couples or families for conditions listed as relational problems - such as problems between spouses or partners, parents and children, and siblings.
• Care for serious emotional disturbances (specialty mental health).

To get help for serious mental health problems, please contact the Ventura County Behavioral Health Department at 1-866-998-2243. If you are experiencing a severe mental health crisis, please call Ventura County Behavioral Health 24 hours a day, seven days a week at 1-866-998-2243.

For other questions, please call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347 Monday through Friday 8 a.m. - 5 p.m.

Substance Use Disorder Preventive Services

Alcohol misuse screening services are now a benefit covered by GCHP for all members 18 years and older. The services for alcohol misuse are:

Covered Services*:
• One expanded screening for risky alcohol use per year.
• Three 15-minute brief intervention sessions to address risky alcohol use per year.

Non-Covered Services:
• GCHP does not cover services for major substance abuse, but you can be referred to the Ventura County Alcohol and Drug Program by calling 1-805-981-9200.
• Inpatient detoxification is not a benefit under GCHP. However, any Medi-Cal member may voluntarily refer themselves for inpatient detoxification care. You can call the county Alcohol and Drug Program at 1-805-981-9200 for more information on this service.

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

Substance Use Disorders

No one intends to become addicted to alcohol or other drugs. But when it happens to you or to someone in your family, it is important to get help right away. Talk to your PCP or another doctor who can find the help that you need. Alcohol and other drug addictions are diseases, just like heart disease and diabetes. There are some very effective treatments which can help chemically-dependent people and their families cope with the problems of substance abuse.

If you or someone you care about is suffering from alcohol or other drug dependency, you can find information on www.venturacountylimits.org, or you can call:

Ventura County Alcohol and Drug Programs

• Adult and Youth Services: 1911 Williams Drive, Oxnard – 1-805-981-9200
• A New Start for Moms: 1911 Williams Drive, Oxnard – 1-805-981-9250
• Fillmore Center: 828 W. Ventura Street, #250, Fillmore – 1-805-524-8644
• Simi Valley Center: 3150 E. Los Angeles Avenue, Simi Valley – 1-805-577-1724
• Ventura Center: 24 E. Main Street, Ventura – 1-805-652-6919
Podiatry Services

Treatment by a Podiatrist is a covered benefit. Your doctor will refer you to a Podiatrist if needed. Prior authorization may be required for certain services.

Audiology and Hearing Aids

If your doctor thinks you need a hearing test (audiology evaluation) or hearing aids, he/she will write a prescription and arrange for you to have a hearing evaluation. Prior authorization is required for hearing tests, hearing aids and hearing aid repairs. Your doctor will make these arrangements for you. If you need more information, call Member Services at 1-888-301-1228/TTY 1-888-310-7347.

Hearing tests are covered only in the following circumstances:

- Pregnant women will receive the optional benefit if it is part of their pregnancy-related care or for services to treat a condition that may cause problems in pregnancy.
- Children or young adults who are 20 years old and younger and receive full scope Medi-Cal.
- Members who live in a licensed nursing home such as a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), ICF for the Developmentally Disabled (ICF-DD) and Sub-Acute Facilities.

Vision Services

GCHP members have access to vision benefits through Vision Service Plan (VSP) providers. Members can have their eyes examined once every two years.

- If you have been diagnosed with diabetes, an annual eye exam is a covered and important benefit. When calling for an appointment, tell the provider you have diabetes.

Only the members listed below can receive one pair of glasses every two years:

- Children 20 years and younger who have Full Scope Medi-Cal.
- Adults who live in long-term care facilities.
- Pregnant women, only if the doctor says a vision problem might cause harm to the baby or pregnancy.

To schedule an eye exam and/or receive glasses, you can:

- Call VSP Customer Service at 1-800-877-7195/TTY 1-800-428-4833
- Visit VSP’s Website at www.vsp.com

Chiropractic and Acupuncture Services

Chiropractic and acupuncture services are provided on a limited basis for:

- Members 20 years of age and under.
- Members in a skilled nursing facility (long-term care).
- Members who have Medicare and Medi-Cal if the service is a Medicare benefit.
- Members who are pregnant, to treat conditions that if left untreated, might cause difficulties for the pregnancy.

Chiropractic services are also a benefit for any member when the services are provided at a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC).

Chiropractic services are limited to treatment of the spine by manual manipulation.
Services Covered by Other Government Agencies

The services listed in this section may be limited or are not covered by GCHP, but are covered through the state or county. Your Medi-Cal BIC card can be used to get these Medi-Cal covered services from Medi-Cal providers.

If you need information about any of these services, call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

- Dental Services – When you see your doctor for the first time, he/she may perform a dental screening as part of your initial health assessment. If necessary, your doctor may refer you to a Medi-Cal dental provider. Dental services are a Medi-Cal covered benefit. Information is available by contacting the Denti-Cal program at 1-800-322-6384.
- Multi-Purpose Senior Services Program (MSSP) – helps the elderly remain in their homes with the aid of social and case management services. For assistance, call 805-477-7300.
- Local Education Authority (LEA) Services – assessments and treatment for eligible children needing help in a school environment. Contact your local school district office.
- Childhood Lead Poisoning Case Management Programs – for services, contact the Ventura County Child Health and Disability office at 805-981-5291.
- Services provided in a state or federal hospital.
- Alpha-Fetoprotein (AFP) Lab Services – Your doctor will refer you to the Genetics Disease Branch, if medically necessary.
- Mental Health Services – For a severe mental health problem that interferes with your ability to function, you can get help by calling Ventura County Behavioral Health at 1-866-998-2243. If you think you have a mental health emergency, please call 9-1-1 or go directly to the closest emergency room for help.
- Alcohol and Drug Program Services – For assistance, call 1-805-981-9200.
- Direct Observed Therapy (DOT) for Tuberculosis – Your doctor can test for tuberculosis. If you need care for tuberculosis, you will be referred to the Tuberculosis Specialty Clinic run by the county Public Health Department. For assistance, call 1-805-385-9451.
- Custodial Care Services – Your doctor can provide information on agencies that can help.
- Some HIV/AIDS Drugs – Your doctor can advise you of covered drugs.
- Some Psychotherapeutic Drugs – Your doctor can advise you of covered drugs.

Services Not Covered by State Medi-Cal or GCHP

The services listed below are not covered by State Medi-Cal or GCHP. These services are not Medi-Cal benefits:

- Cosmetic services.
- Custodial care.
- Experimental care.
- Infertility testing and/or treatment.
- Reversal of sterilization.
- Care for conditions that state or local law requires to be treated in a public facility.
- Conditions covered by Workers’ Compensation.
- Any services that are not considered to be medically necessary.
- Non-emergency treatment in an out-of-area or out-of-network facility without prior authorization.
Section 5: Other Services

Health Education

GCHP cares about the health of its members. Promoting good health and a healthy lifestyle is important to the Plan. GCHP partners with agencies in the community to provide health education classes, programs and services that best meet your needs.

No prior authorization is needed for members to participate in health education and health promotion activities. Health education services and programs are free to Plan members.

Members may access the health education referral form and materials from the Plan’s website at www.GoldCoastHealthPlan.org by going to the Health Services tab and selecting the Health Library link.

For more information about health education programs, materials, or other health promotion activities, contact the Health Education Department at 1-888-301-1228/TTY 1-888-310-7347. You can also contact the department by sending an email to HealthEducation@goldchp.org.

The Health Education Department provides materials free of charge. To learn more about GCHP’s free health education materials, call Member Services at 1-888-301-1228/TTY 1-888-310-7347.

Some topics include:

- Guide to Tobacco Prevention and Quit Smoking
- Healthy Lifestyles
- Diabetes – Healthy Lifestyle and Annual Eye Exam
- Prenatal Care and Breastfeeding
- E-Newsletters – Pregnancy and Parenting

Community Health Fairs and Outreach – GCHP is active in the community. The GCHP Health Education team participates in community health fairs. To learn more about health fairs in the community, please visit GCHP’s website calendar.

Consumer Advisory Committee (CAC)

GCHP has a CAC to make your health plan better. The Plan welcomes you to be a part of this committee. If you would like to come to a CAC meeting, or if you would like to be a committee member, call Member Services at 1-888-301-1228/TTY 1-888-310-7347. You can also visit the Plan’s website at www.GoldCoastHealthPlan.org to fill out an application and find information on meetings.

Member Orientation / Benefits Information Meetings

GCHP offers monthly Member Orientation / Benefits Information meetings. These meetings are held in both English and Spanish. At these meetings, you will get information about GCHP benefits and programs. You will also have your questions answered and get help with health care services. For times and locations of the meetings, or to sign up for a meeting, call Member Services at 1-888-301-1228/TTY 1-888-310-7347 or find information on the Plan’s website at www.GoldCoastHealthPlan.org.

Advance Directive

An Advance Directive is a signed legal document that allows you to select a person to make your health care choices at a time when you cannot make them yourself (e.g., if you are in a coma). An Advance Directive must be signed when you are able to make your own decisions. GCHP recommends that you create an Advance Directive as part of your overall plan for health care.
It is your legal right to have an Advance Directive. GCHP will let you know within 90 days of any changes to the laws about Advance Directives. For more information, visit the State of California website at www.oag.ca.gov/consumers/general/adv_hc_dir. There is a link on that site for an Advance Directive form you can use. You can also get information on Advance Directives on GCHP’s website at www.GoldCoastHealthPlan.org in the Health Services Health Library.

Organ Donation

Donating organs and tissues provides many social benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak with your doctor. 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 process. The Department of Health and Human Services’ website (www.organdonor.gov) has additional information on donating your organs and tissues. You can also call Donate Life America at 1-800-355-7427 to get a donor card and to obtain more information about organ donation.

Native American Indian Health Care Services

Native American Indians have the right to receive medical services from an Indian Health Clinic without approval from GCHP. If you are a Native American Indian and would like more information, call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

Federally Qualified Health Centers (FQHCs)

GCHP members have the right to receive their health care services at a FQHC that has a contract with GCHP. For names and addresses of FQHCs in your county, call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.
GETTING IMMUNIZATIONS

Baby, Child and Teen Preventive Screening Guidelines

To keep your family healthy, it is important for them to get regular check-ups and immunizations (shots) even if they are not sick. If your child is a new GCHP member, s/he should get a health check-up within 120 days with his/her doctor. Below is a list of services that your child should get, by age group. Your doctor may want to do some services more often than what is shown in the chart.

It is important for your child to get all immunizations. If s/he has missed any, please call your doctor to schedule an appointment. It is never too late to get immunized to stay healthy. If you have any questions, please call GCHP Member Services at 1-888-301-1228/TTY 1-888-310-7347.

<table>
<thead>
<tr>
<th>Services</th>
<th>0-24 Months</th>
<th>3-10 Years</th>
<th>11-20 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Exam</td>
<td>At birth, 1-4 weeks, 2, 4, 6, 9, 12, 15, 18, and 24 months</td>
<td>Every Year</td>
<td>Every Year</td>
</tr>
<tr>
<td></td>
<td>This may include height and weight, head measurement, blood pressure, eye and hearing test, and health education counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Lead Screening</td>
<td>At 12 months and again at 24 months (age 1 and 2)</td>
<td>Between 3-5 years if not tested before</td>
<td>Not applicable at this age</td>
</tr>
<tr>
<td>Anemia Test</td>
<td>At 9-12 months</td>
<td>Yearly at 3-5 years old</td>
<td>Every year for menstruating girls</td>
</tr>
<tr>
<td>Urine Test</td>
<td>Not applicable at this age</td>
<td>5 years old</td>
<td>Every year for sexually active teens</td>
</tr>
<tr>
<td>Tuberculosis Test (TB)</td>
<td>At 24 months and assessed at all well-care visits</td>
<td>Assessed yearly at well-care visits</td>
<td>Assessed yearly at well-care visits</td>
</tr>
<tr>
<td>Sexually Transmitted Disease (STD) Test</td>
<td>Not applicable at this age</td>
<td>Not applicable at this age</td>
<td>Every year if sexually active</td>
</tr>
<tr>
<td>Pelvic Exam</td>
<td>Not applicable at this age</td>
<td>Not applicable at this age</td>
<td>Every year if sexually active</td>
</tr>
<tr>
<td>Fluoride Varnish for Children</td>
<td>Up to 3 times in a 12 month period and is a benefit for children ages 0 - 5 years old</td>
<td>Not applicable at this age</td>
<td></td>
</tr>
</tbody>
</table>

## Baby, Child and Teen Immunization Recommended Schedule

<table>
<thead>
<tr>
<th>Immunizations (Shots)</th>
<th>0-24 Months</th>
<th>3-10 Years</th>
<th>11-20 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B (HepB)</strong></td>
<td>1st dose at birth 2nd dose 1-24 months 3rd dose 6-18 months</td>
<td>Not applicable at this age</td>
<td>Three doses if not given previously</td>
</tr>
<tr>
<td><strong>Diphtheria, Tetanus, Pertussis (DTaP/Tdap)</strong></td>
<td>1st dose at 2 months 2nd dose at 4 months 3rd dose at 6 months 4th dose at 15-18 mos.</td>
<td>5th dose between 4-6 years</td>
<td>Booster between 11-12 years</td>
</tr>
<tr>
<td><strong>Rotavirus (RV)</strong></td>
<td>1st dose at 2 months 2nd dose at 4 months 3rd Ask your doctor</td>
<td>Not applicable at this age</td>
<td>Not applicable at this age</td>
</tr>
<tr>
<td><strong>Haemophilus Influenza type b (Hib)</strong></td>
<td>1st dose at 2 months 2nd dose at 4 months 3rd dose at 6 months (Ask your doctor if 3rd dose is needed) 4th dose between 12-15 mos.</td>
<td>Not applicable at this age</td>
<td>Not applicable at this age</td>
</tr>
<tr>
<td><strong>Pneumococcal Conjugate (PCV)</strong></td>
<td>1st dose at 2 months 2nd dose at 4 months 3rd dose at 6 months 4th dose between 12-15 mos. (Ask your doctor if additional doses are needed for certain conditions.)</td>
<td>Not applicable at this age</td>
<td>Not applicable at this age</td>
</tr>
<tr>
<td><strong>Inactivated Poliovirus (IPV)</strong></td>
<td>1st dose at 2 months 2nd dose at 4 months 3rd dose at 18 months</td>
<td>4th dose between 4-6 years</td>
<td>Not applicable at this age</td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella (MMR)</strong></td>
<td>1st dose between 12-15 months</td>
<td>2nd dose at age 4-6 years</td>
<td>2nd dose if not given previously</td>
</tr>
<tr>
<td><strong>Varicella (VAR)</strong></td>
<td>1st dose between 12-15 months</td>
<td>2nd dose given at age 4-6 years</td>
<td>Not applicable at this age</td>
</tr>
<tr>
<td><strong>Hepatitis A (HepA)</strong></td>
<td>Two doses between 12-23 months (Ask your doctor if additional doses are needed for certain conditions.)</td>
<td>Not applicable at this age</td>
<td>Not applicable at this age</td>
</tr>
</tbody>
</table>
### Immunizations (Shots)

<table>
<thead>
<tr>
<th></th>
<th>0-24 Months</th>
<th>3-10 Years</th>
<th>11-20 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Papillomavirus (HPV)</strong></td>
<td>Not applicable at this age</td>
<td>Not applicable at this age</td>
<td>Three dose series. 1st dose usually at age 11-12 years 2nd dose 2 months after the first dose 3rd dose 6 months after the first dose</td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Source: Preventative Screening Recommendations, [www.cdc.gov](http://www.cdc.gov)

### Adult Health Screening Guidelines

To stay healthy, it is important to get regular health exams and the right screening tests and immunizations. Check with your doctor even if you are not sick or having problems.

Below is a list of tests and immunizations that should be done for your age group. Some vaccinations are given only to people who are “high risk.” Chronic illness or other life circumstances make some people more likely to get the disease. Ask your doctor which shots you should have and when. Your doctor may want to do some shots more often, depending on your risk.

<table>
<thead>
<tr>
<th>Test</th>
<th>Ages 18-39</th>
<th>Ages 40-64</th>
<th>Ages 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This may include: height and weight, hearing and eye exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For all GCHP Members:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schedule your first check-up within 120 days (4 months) of becoming a GCHP member. This includes the Initial Health Exam and completion of the Staying Healthy Assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For All Patients</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis Test (TB)</strong></td>
<td>Your doctor will determine if you require testing for TB and refer you for treatment as necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>Every 1-2 years</td>
<td>Every 1-2 years</td>
<td>Every 1-2 years</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>Men, starting at age 35</td>
<td>Women, starting at age 45</td>
<td>As determined by your doctor</td>
</tr>
<tr>
<td><strong>Colon Cancer Screening</strong></td>
<td>As determined by your doctor</td>
<td>As determined by your doctor</td>
<td>As determined by your doctor</td>
</tr>
<tr>
<td>Test</td>
<td>Ages 18-39</td>
<td>Ages 40-64</td>
<td>Ages 65+</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>Every year: foot, urine and retinal exams; HgA1C; lipids</td>
<td>Every year: foot, urine and retinal exams; HgA1C; lipids</td>
<td>Every year: foot, urine and retinal exams; HgA1C; lipids</td>
</tr>
</tbody>
</table>

**For Female Patients Only**

<table>
<thead>
<tr>
<th>Test</th>
<th>Ages 18-39</th>
<th>Ages 40-64</th>
<th>Ages 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast Exam (To check for lumps)</strong></td>
<td>Every 1-2 years</td>
<td>Every year</td>
<td>Every year</td>
</tr>
<tr>
<td><strong>Mammography</strong></td>
<td>Women with a family history of breast cancer should start at age 35.</td>
<td>Ages 50-74, every 2 years.</td>
<td>Ages 50-74, every 2 years</td>
</tr>
<tr>
<td><strong>Pap Smears (At the start of sexual activity)</strong></td>
<td>Every 1-3 years</td>
<td>Every 1-3 years</td>
<td>Every 1-3 years</td>
</tr>
<tr>
<td><strong>Pelvic Exam</strong></td>
<td>Every 1-3 years</td>
<td>Every 1-3 years</td>
<td>Every 1-3 years</td>
</tr>
<tr>
<td><strong>Chlamydia Exam (For sexually active women)</strong></td>
<td>Every year for ages 16-26</td>
<td>Not applicable at this age</td>
<td>Not applicable at this age</td>
</tr>
</tbody>
</table>

Source: Preventative Screening Recommendations, [www.cdc.gov](http://www.cdc.gov)
## Adult Immunization Guidelines

<table>
<thead>
<tr>
<th>Vaccinations / Shots</th>
<th>Ages 19-49</th>
<th>Ages 50-64</th>
<th>Ages 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus/Diphtheria (Td)</td>
<td>Every 10 years</td>
<td>Every 10 years</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>Influenza</td>
<td>Every year</td>
<td>Every year</td>
<td>Every year</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>1 time dose between ages 19-64. Talk to your doctor if you are high risk.</td>
<td>1 time dose between ages 19-64. Talk to your doctor if you are high risk.</td>
<td>One dose</td>
</tr>
<tr>
<td>Hepatitis B (Hep B)</td>
<td>Three doses if high risk</td>
<td>Three doses if high risk</td>
<td>Three doses if high risk</td>
</tr>
<tr>
<td>Hepatitis A (Hep A)</td>
<td>Two doses if high risk</td>
<td>Two doses if high risk</td>
<td>Two doses if high risk</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>One dose if high risk</td>
<td>One or more doses if high risk</td>
<td>One or more doses if high risk</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>One or two doses</td>
<td>One or two doses</td>
<td>Not applicable at this age</td>
</tr>
<tr>
<td>Varicella</td>
<td>Two doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>Not applicable at this age</td>
<td>One dose between ages 60-64. Ask your doctor</td>
<td>Ask your doctor</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Health and Human Services, Center for Disease Control and Prevention 2016

For more information, call 1-800-CDC-INFOR (1-800-232-4636) or [www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
For questions and Gold Coast Health Plan information, please call 1-888-301-1228
www.goldcoasthealthplan.org

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