



Member Handbook

What you need to know about your benefits

Combined Evidence of Coverage (EOC) and Disclosure Form

Medi-Cal

08-85213

Last Updated:

Our Member Services department Is Available to Help You

Call us at **1-800-750-4776** (toll free)
or **650-616-2133**

Hearing Impaired:
TTY 1-800-735-2929 or dial **7-1-1**

Monday-Friday:
Phone 8:00am-6:00pm
Office hours 8:00am-5:00pm

Large-print Request

If you would like a large-print copy of this book, please call Member Services

Privacy Statement

Health Plan of San Mateo ensures the privacy of your medical record. For questions and more information, please call Member Services.

Nuestra Unidad de Servicios al Miembro está disponible para ayudarlo

Llámenos al **1-800-750-4776** (número telefónico gratuito) o al **650-616-2133**

Miembros con dificultades auditivas:
TTY 1-800-855-3000 o marque el **7-1-1**

De lunes a Viernes:
Por teléfono 8:00am-6:00pm
Horario de oficina 8:00am-5:00pm

Solicitud de impresión en caracteres grandes

Si desea una copia de este manual en letra grande, llame al Departamento de Servicios al Miembro.

Declaración de privacidad

El Health Plan of San Mateo garantiza la privacidad de su registro médico. Si tiene alguna pregunta o desea obtener más información, llame a Servicios al Miembro.

我們的會員服務部可為您提供協助

請撥打我們的電話 **1-800-750-4776**
(免費) 或 **650-616-2133**

有聽力障礙者：
TTY 1-800-735-2929 或撥 **7-1-1**

星期一到星期五
電話：上午 8:00 至晚上 6:00
辦公室服務時間：上午 8:00 至下午 5:00

大字版需求

若您需要本手冊的大字版，請致電會員服務部

隱私權聲明

聖馬刁健康計劃 (HPSM) 會為您保密病歷資訊。如有疑問或需要更多資訊，請致電會員服務部

Handa kayong Tulungan ng aming Yunit para sa mga Serbisyo sa mga Miyembro

Tawagan kami sa **1-800-750-4776**
(walang bayad) o sa **650-616-2133**

May Kapansanan sa Pandinig:
TTY 1-800-735-2929 o i-dial ang **7-1-1**

Lunes hanggang Biyernes
Telepono: 8:00 a.m. hanggang 6:00 p.m.
Mga oras ng opisina: 8:00 a.m.
hanggang 5:00 p.m.

Paghiling para sa Pagkakalimbag na may Malalaking Letra

Kung gusto ninyong makakuha ng librong ito na malalaki ang mga letra sa pagkakalimbag, mangyaring tawagan ang mga Serbisyo para sa mga Miyembro

Pahayag tungkol sa pagiging pribado ng impormasyon

Tinitiyak ng Health Plan of San Mateo ang pagiging pribado ng inyong medikal na rekord. Para sa karagdagang katanungan at impormasyon, mangyaring tawagan ang Mga Serbisyo para sa mga Miyembro.

Member Handbook



What you need to know about your benefits

HPSM Combined Evidence of Coverage (EOC)
and Disclosure Form

2024

San Mateo County

[MCP may change
the cover layout.]

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages at no cost to you. HPSM provides written translations from qualified translators. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). The call is free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). The call is free.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Interpreter services

HPSM provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). The call is free.

ATTENTION: If you need help in your language, call 1-800-750-4776 (TTY: 1-800-735-2929 or 7-1-1). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-750-4776 (TTY: 1-800-735-2929 or 7-1-1). These services are free.

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-750-4776 (TTY: 1-800-735-2929). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-750-4776 (TTY: 1-800-735-2929). هذه الخدمات مجانية.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-750-4776 (TTY:1-800-735-2929): Կան



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-750-4776 (TTY:1-800-735-2929) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-750-4776 (TTY:1-800-735-2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-750-4776 (TTY: 1-800-735-2929). Cov kev pab cuam no yog pab dawb xwb.

注意日本語での対応が必要な場合は 1-800-750-4776 (TTY:1-800-735-2929)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-750-4776 (TTY:1-800-735-2929)へお電話ください。これらのサービスは無料で提供しています。

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-750-4776 (TTY:1-800-735-2929) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-750-4776 (TTY: 1-800-735-2929) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາ ຕີ 1-800-750-4776 (TTY:1-800-735-2929).



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່
ໃຫ້ໂທຫາເບີ 1-800-750-4776 (TTY:1-800-735-2929).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan
benx meih nyei waac nor douc waac daaih lorx taux 1-800-750-4776 (TTY: 1-800-
735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo
wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux
aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-
800-750-4776 (TTY:1-800-735-2929). Naaiv deix nzie weih gong-bou jauv-louc se
benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-
800-750-4776 (TTY:1-800-735-2929). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ
ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ।
ਕਾਲ ਕਰੋ 1-800-750-4776 (TTY: 1-800-735-2929). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по
номеру 1-800-750-4776 (TTY:1-800-735-2929). Также предоставляются средства
и услуги для людей с ограниченными возможностями, например документы
крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-750-4776
(линия 1-800-735-2929). Такие услуги предоставляются бесплатно.

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-750-4776 (TTY: 1-800-
735-2929). También ofrecemos asistencia y servicios para personas con
discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-
750-4776 (TTY:1-800-735-2929). Estos servicios son gratuitos.

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-750-



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

4776 (TTY:1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-750-4776 (TTY:1-800-735-2929). Libre ang mga serbisyo ito.

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-750-4776 (TTY:1-800-735-2929) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-750-4776 (TTY:1-800-735-2929) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-750-4776 (TTY:1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-750-4776 (TTY:1-800-735-2929). Ці послуги безкоштовні.

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-750-4776 (TTY:1-800-735-2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-750-4776 (TTY:1-800-735-2929). Các dịch vụ này đều miễn phí.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

Welcome to HPSM!

Thank you for joining Health Plan of San Mateo (HPSM). HPSM is a health plan for people who have Medi-Cal. HPSM works with the State of California to help you get the health care you need. HPSM is your Medi-Cal managed care plan. You became an HPSM member when you were approved for Medi-Cal by the San Mateo County Human Services Agency or through the SSI (Supplemental Security Income) program. Your basic Medi-Cal benefits are the same as those of other Medi-Cal recipients in California, but you also have access to additional services.

Member Handbook

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

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of HPSM's rules and policies and is based on the contract between HPSM and the Department of Health Care Services (DHCS). If you would like more information, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

In this Member Handbook, HPSM is sometimes referred to as "we" or "us." Members are sometimes called "you." Some capitalized words have special meaning in this Member Handbook.

To ask for a copy of the contract between HPSM and DHCS, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You may ask for another copy of the Member Handbook at no cost to you. You can also find the Member Handbook on the HPSM website at www.hpsm.org/member/medi-cal/. You can also ask for a free copy of the HPSM non-proprietary clinical and administrative policies and procedures. They are also on the HPSM website.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Contact us

HPSM is here to help. If you have questions, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

You can also visit online at any time at www.hpsm.org/member/medi-cal/.

Thank you,

Health Plan of San Mateo
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

Table of contents

Other languages and formats	2
Other languages	2
Other formats.....	2
Interpreter services.....	3
Welcome to HPSM!.....	9
Member Handbook	9
Contact us	10
Table of contents.....	11
1. Getting started as a member.....	14
How to get help.....	14
Who can become a member.....	14
Identification (ID) cards.....	15
2. About your health plan.....	17
Health plan overview	17
How your plan works	18
Students who move to a new county or out of California.....	19
Continuity of care.....	20
Costs	22
3. How to get care	26
Getting health care services	26
Primary care provider (PCP).....	27
Provider network.....	30
Appointments.....	37
Getting to your appointment	38
Canceling and rescheduling	38
Payment	39
Referrals.....	40
Pre-approval (prior authorization).....	42
Second opinions.....	43



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

Sensitive care	44
Urgent care.....	46
Emergency care	47
Nurse Advice Line	49
Advance directives	49
Organ and tissue donation	50
4. Benefits and services	51
What your health plan covers	51
Medi-Cal benefits covered by HPSM	54
Other HPSM covered benefits and programs	78
Other Medi-Cal programs and services	84
Services you cannot get through HPSM or Medi-Cal	88
Evaluation of new and existing technologies	89
5. Child and youth well care.....	91
Pediatric services (Children under age 21).....	91
Well-child health check-ups and preventive care.....	92
Blood lead poisoning screening.....	93
Help getting child and youth well care services	93
Other services you can get through Fee-for-Service (FFS) Medi-Cal or other programs	94
6. Reporting and solving problems	95
Complaints.....	96
Appeals	97
What to do if you do not agree with an appeal decision	98
Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care (DMHC)	99
State Hearings.....	100
Fraud, waste and abuse	102
7. Rights and responsibilities	104
Your rights	104
Your responsibilities	105
Notice of non-discrimination	107
Ways to get involved as a member.....	109
Notice of Privacy Practices	110
Notice about laws	120



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

Notice about Medi-Cal as a payer of last resort, other health coverage and tort recovery..... 120

Notice about estate recovery..... 121

Notice of Action 121

Benefit Coordination with Other Health Coverage 122

OHC Premium Payment Program (OHCPPP)..... 123

You may be eligible for Medicare and Medi-Cal coverage if you: 123

Relationship Between Parties..... 124

8. Important numbers and words to know..... 125

 Important phone numbers 125

 Words to know 125



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

1. Getting started as a member

How to get help

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

Member services

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

- Answer questions about your health plan and HPSM covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats
- Help with problems that you are having with your health care services
- Help with billing issues
- Update your address and contact information

If you need help, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is toll free. HPSM must make sure you wait less than 10 minutes when calling.

You can also visit Member Services online at any time at www.hpsm.org/member/medi-cal/.

Who can become a member

Every state may have a Medicaid program. In California, Medicaid is called **Medi-Cal**.

You qualify for HPSM because you qualify for Medi-Cal and live in San Mateo County. If



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

you have any questions about your Medi-Cal eligibility, call the San Mateo County Human Services Agency at 1-800-223-8383. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP.

For questions about Social Security, call the Social Security Administration at 1-800-772-1213. Or go to <https://www.ssa.gov/locator/>.

Transitional Medi-Cal

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

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

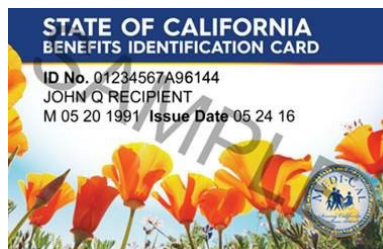
You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office at:

<https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>

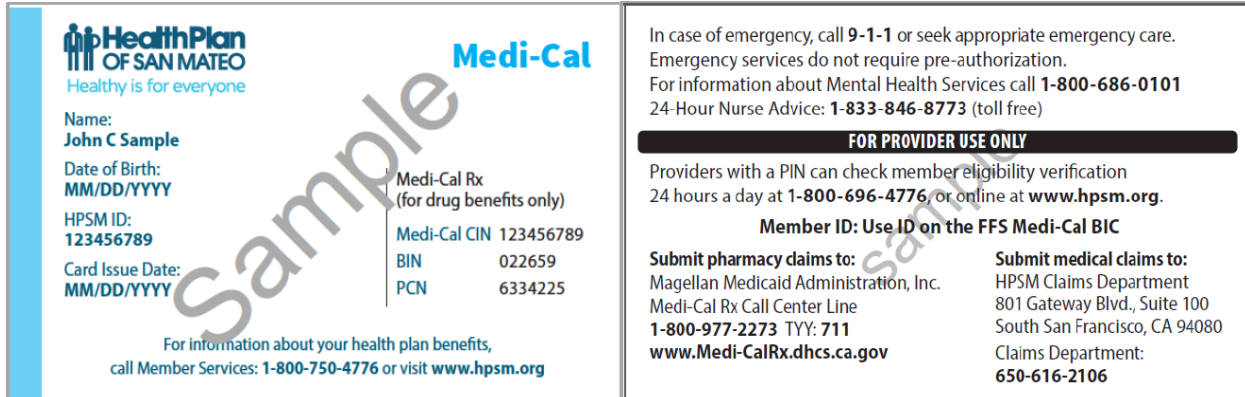
Or call the San Mateo County Human Services Agency at 1-800-223-8383.

Identification (ID) cards

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.



Your HPSM ID card includes the following information:

- Name: This is the name of the person eligible to receive benefits through HPSM.
- Date of Birth: This is the member’s date of birth.
- HPSM ID: This is the member identification number assigned to you by HPSM.
- Card Issue Date: This is the date that the member started with HPSM.
- Medi-Cal CIN: This is the first nine characters of the identification number located on the front of the member’s Benefits Identification Card (BIC).

If any information on your HPSM ID card is wrong, please call Member Services at 1-800-750-4776 or 650-616-2133.

Always remember to tell your providers that you are an HPSM Member. They need to know that you are an HPSM Member so you will not be billed for the services you receive.

If you do not get your HPSM ID card within a few weeks after your enrollment date, or if your card is damaged, lost or stolen, call Member Services right away. HPSM will send you a new card at no cost to you. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also print or order a new HPSM ID card on the HPSM Member Portal at www.hpsm.org/member-portal-login.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

2. About your health plan

Health plan overview

HPSM is a health plan for people who have Medi-Cal in San Mateo County. HPSM works with the State of California to help you get the health care you need. You automatically became an HPSM member because you have Medi-Cal coverage in San Mateo County.

Talk with one of the HPSM member services representatives to learn more about the health plan and how to make it work for you. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

When your coverage starts and ends

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

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

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

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

- You move out of San Mateo County
- You no longer have Medi-Cal



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- You are in jail or prison

If you lose your HPSM Medi-Cal coverage, you may still qualify for Medi-Cal coverage. If you are not sure if you are still covered by HPSM, please call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Special considerations for American Indians in managed care

If you are an American Indian, you have the right to get health care services at an Indian Health Care Provider (IHCP). You can also stay with or disenroll (drop) from HPSM while getting health care services from these locations. To learn more about enrollment and disenrollment call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

How your plan works

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

Member Services will tell you how HPSM works, how to get the care you need, how to select a Primary Care Provider (PCP), how to schedule provider appointments in during office hours, how to request no-cost interpreting and translation services or written information in alternative formats, and how to get transportation to your medical appointments.

To learn more, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also find HPSM information online at www.hpsm.org/members/medi-cal/.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Students who move to a new county or out of California

You can get emergency and urgent care anywhere in the United States, including the U.S. Territories. Routine and preventive care are covered only in your county of residence. If you are a student who moves to a new county in California to attend higher education, including college, HPSM will cover emergency room and urgent care services in your new county. You can also get routine or preventive care in your new county, but you must notify your health plan. Read more below.

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

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

- Tell your eligibility worker at the San Mateo County Human Services Agency that you are temporarily moving to attend a school for higher education and give them your address in the new county. The county will update the case records with your new address and county code. You must do this if you want to keep getting routine or preventive care while you live in a new county. If HPSM does not serve the county where you will attend college, you might have to change health plan. HPSM only operates in San Mateo County. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 7-1-1).

Or

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

If you are leaving California temporarily to be a student in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at San Mateo County Human Services Agency. As long as you qualify, Medi-Cal will cover emergency services and urgent care in another state. If HPSM approves the service and the doctor and hospital meet Medi-Cal rules, Medi-Cal will also cover emergency care that requires



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

hospitalization in Canada and Mexico.

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

Continuity of care

Continuity of Care for an out-of-network Provider

As a member of HPSM, you will get your health care from providers in HPSM's network. To find out if a health care provider is in the HPSM's network, read HPSM Provider Directory. You can find the HPSM Provider Directory online at www.hpsm.org/members/medi-cal/. Providers not listed in the directory may not be in the HPSM network.

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

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

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

To learn more, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1)



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

for more information.

If your providers do not join the HPSM network by the end of 12 months, do not agree to HPSM payment rates or do not meet quality of care requirements, you will need to change providers in the HPSM network. To discuss your choices, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

To learn more about continuity of care and if you qualify, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

As a member of HPSM, you will get covered services from providers in HPSM’s network. If you are being treated for certain health conditions and at the time you enrolled with HPSM or at the time your provider left HPSM’s network, you might also still be able to get Medi-Cal services from an out-of-network provider.

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

Health condition	Time period
Acute conditions (a medical issue that needs fast attention)	For as long as your acute condition lasts
Serious chronic physical and behavioral conditions (a serious health care issue you have had for a long time)	For an amount of time required to finish your course of treatment and to safely move you to a new doctor in the HPSM network
Pregnancy and postpartum (after birth) care	During your pregnancy and up to 12 months after the end of pregnancy
Maternal mental health services	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later
Care of a newborn child between birth and 36 months old	For up to 12 months from the start date of the coverage or the date the provider’s contract ends with HPSM
Terminal illness (a life-threatening	For as long as your illness lasts. You may



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

<p>medical issue)</p>	<p>still get services for more than 12 months from the date you enrolled with HPSM or the time the provider stops working with HPSM</p>
<p>Performance of a surgery or other medical procedure from an out-of-network provider as long as it is covered, medically necessary, and authorized by HPSM as part of a documented course of treatment and recommended and documented by the provider</p>	<p>The surgery or other medical procedure must take place within 180 days of the provider’s contract termination date or 180 days from the effective date of your enrollment with HPSM</p>

For other conditions that might qualify, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

If an out-of-network provider is not willing to keep providing services or does not agree to HPSM’s contract requirements, payment, or other terms for providing care, you will not be able to get continued care from the provider. You may be able to keep getting services from a different provider in HPSM’s network.

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider who is no longer in HPSM’s network, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

HPSM is not required to provide continuity of care for services Medi-Cal does not cover or that are covered under Medi-Cal’s contract with DHCS. To learn more about continuity of care, eligibility, and available services, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Costs

Member costs

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

If you are an American Indian, you do not have to pay enrollment fees, premiums,



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

deductibles, co-pays, cost sharing, or other similar charges. MCPs must not charge any American Indian member who gets an item or service directly from an IHCP or through a referral to an IHCP or reduce payments due to an IHCP by the amount of any enrollment fee, premium, deductible, copayment, cost sharing, or similar charge.

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

Except for emergency care, urgent care, or sensitive care, you must get pre-approval (prior authorization) from HPSM before you visit a provider outside the HPSM network. If you do not get pre-approval (prior authorization) and you go to a provider outside the network for care that is not emergency care, urgent care, or sensitive care, you might have to pay for care you got from that provider. For a list of covered services, read Chapter 4, "Benefits and services" In this handbook. You can also find the Provider Directory on the HPSM website at www.hpsm.org/members/medi-cal/.

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

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

How a provider gets paid

HPSM pays providers in these ways:

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

To learn more about how HPSM pays providers, call Member Services at



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Provider can get paid extra money for providing certain types of care and keeping their members healthy. This is called Pay for Performance. To learn more about HPSM's Pay for Performance program go to www.hpsm.org/providers/medi-cal-p4p.aspx.

If you get a bill from a health care provider

Covered services are health care services that HPSM must pay. If you get a bill for support services fees, copayments, or registration fees for a covered service, do not pay the bill. Call Member Services right away at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

Asking HPSM to pay you back for expenses

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

- The service you got is a covered service that HPSM is responsible for paying. HPSM will not reimburse you for a service that HPSM does not cover.
- You got the covered service after you became an eligible HPSM member.
- You ask to be paid back within one year from the date you got the covered service.
- You show proof that you paid for the covered service, such as a detailed receipt from the provider.
- You got the covered service from a Medi-Cal enrolled provider in HPSM's network. You do not need to meet this condition if you got emergency care, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval (prior authorization).
- If the covered service normally requires pre-approval (prior authorization), you need to give proof from the provider that shows a medical need for the covered service.

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

receipt of the claim.

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

HPSM will not pay you back if:

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

3. How to get care

Getting health care services

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

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

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

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

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

If you have a doctor you want to keep, or you want to find a new PCP, go to the Provider Directory for a list of all PCPs and other providers in the HPSM network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also find the Provider Directory on the HPSM website at www.hpsm.org/members/medi-cal/.

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

provider network.

The Medi-Cal Rx program administers outpatient prescription drug coverage. To learn more, read “Other Medi-Cal programs and services” in Chapter 4.

Primary care provider (PCP)

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

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

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

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

If you do not choose a PCP within 30 days of enrollment, HPSM will assign you to a PCP. If you are assigned to a PCP and want to change, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). The change happens the first day of the next month. You can also change your PCP by using the HPSM Member Portal at www.hpsm.org/member-portal-login.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

Some HPSM members are not required to have an assigned PCP and are considered “Special Members”. For example, members that have primary health coverage through another insurance carrier or, Medicare (except for CareAdvantage Special Needs Plan members), are not assigned to a PCP.

If you are returning HPSM member and do not select a PCP, you will be automatically assigned to your previous PCP if you were assigned to that PCP in the previous twelve (12) months.

You can look in the HPSM Provider Directory to find a PCP in the HPSM network. The Provider Directory has a list of IHCPs, FQHCs and RHCs that work with HPSM.

You can find the HPSM Provider Directory online at www.hpsm.org/members/medi-cal/. Or you can request a Provider Directory to be mailed to you by calling Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

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

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

To change your PCP, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also change your PCP by using the HPSM Member Portal at www.hpsm.org/member-portal-login.

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

If your PCP changes, you will get a PCP change confirmation letter from HPSM. It will have your new PCP information. Call Member Services if you have questions about the letter that you receive. You will not get a new ID card. Some things to think about when



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

picking a PCP:

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

Initial Health Appointment (IHA)

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

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

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

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

If you have questions about IHA, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Routine care

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

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

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

Your PCP will:

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

When you need routine care, you will call your doctor for an appointment. Be sure to call your PCP before you get medical care unless it is an emergency. For an emergency, call **9-1-1** or go to the nearest emergency room.

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

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

Provider network

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

HPSM is a managed care health plan. You must get most of your covered services



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

through the HPSM from our in-network providers. You can go to an out-of-network provider without a referral or pre-approval for emergency care or for family planning services. You can also go to an out-of-network provider for out-of-area urgent care when you are in an area that we do not serve. You must have a referral or pre-approval for all other out-of-network services, or they will not be covered.

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

If your PCP, hospital, or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). For more about moral objections, read the “Moral objection” section later in this chapter.

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

In-network providers

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

To get a Provider Directory of in-network providers, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also find the Provider Directory online at www.hpsm.org/members/medi-cal/. To get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 7 or 7-1-1). Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

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

- If you need emergency care, call **9-1-1** or go to the nearest hospital.
- If you are outside the HPSM service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).
- If you need mental health services, go to an in-network provider or a county mental health plan provider without pre-approval (prior authorization).



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

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

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

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

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

For urgent care inside the HPSM service area, you must go to a HPSM in-network urgent care provider. You do not need pre-approval (prior authorization) to get urgent care from an in-network provider. You do need to get pre-approval (prior authorization) to get urgent care from an out-of-network provider inside the HPSM service area.

If you get urgent care from an out-of-network provider inside HPSM service area, you might have to pay for that care. You can read more about emergency care, urgent care and sensitive care services in this chapter.

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

If you need help with out-of-network services, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Outside the service area

If you are outside of the HPSM service area and need care that is not an emergency or urgent, call your PCP right away. Or call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

For emergency care, call **9-1-1** or go to the nearest emergency room. HPSM covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency care requiring hospitalization, HPSM will cover your care. If you are traveling abroad



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

outside of Canada or Mexico and need emergency care, urgent care, or any health care services HPSM will **not** cover your care.

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

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

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

If you are outside of California and have an emergency need to fill outpatient prescription drugs, have the pharmacy call Medi-Cal Rx at 1-800-977-2273.

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

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

If you have questions about out-of-network or out-of-service-area care, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). If the office is closed and you want help from a representative, call Nurse Advice Line at 1-833-846-8773.

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

Doctors

You will choose a doctor from the HPSM Provider Directory as your PCP. The doctor you choose must be an in-network provider. To get a copy of the HPSM Provider Directory, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Or



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

find it online at www.hpsm.org/members/medi-cal/.

If you are choosing a new PCP, you should also call the PCP you want to make sure they are taking new patients.

If you had a doctor before you were a member of HPSM, and that doctor is not part of the HPSM network, you might be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

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

If you want to change your PCP, you must choose a PCP from the HPSM Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also change your PCP by using the HPSM Member Portal at www.hpsm.org/member-portal-login.

Hospitals

In an emergency, call **9-1-1** or go to the nearest hospital.

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

Women’s health specialists

You can go to a women’s health specialist in HPSM’s network for covered care necessary to provide women’s routine care services. You do not need a referral or authorization from your PCP to get these services. For help finding a women’s health specialist, you can call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also call the 24/7 Nurse Advice at 1-833-846-8773.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Provider Directory

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

The HPSM Provider Directory lists hospitals, PCPs, specialists, dentists, nurse practitioners, nurse midwives, physician assistants, family planning providers, pharmacies, outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), IHCPs, and RHCs.

The Provider Directory has HPSM in-network provider names, specialties, addresses, phone numbers, business hours and languages spoken. It tells you if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. To learn more about a doctor's education, training, and board certification, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

You can find the online Provider Directory at www.hpsm.org/members/medi-cal/.

If you need a printed Provider Directory, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

Timely access to care

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

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Appointment type	You should be able to get an appointment within:
Urgent appointment with dental provider	72 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Non-urgent dental provider appointments	36 business days
Preventive dental care appointments	40 business days

Other wait time standards	You should be able to get connected within:
Member Services telephone wait times during normal business hours (Monday through Friday, 8:00 a.m. to 6:00 p.m.)	10 minutes
Telephone wait times for Nurse Advice Line	30 minutes (connected to nurse)

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

your choice, your provider or your HPSM will respect your wish.

Your doctor may recommend a specific schedule for preventive services, follow-up care for ongoing conditions, or standing referrals to specialists, depending on your needs.

Tell us if you need interpreter services when you call HPSM or when you get covered services. Interpreter services, including sign language, are available at no cost to you. We highly discourage the use of minors or family members as interpreters. To learn more about interpreter services we offer, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

Travel time or distance to care

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

If HPSM is not able to provide care to you within these travel time or distance standards, DHCS may allow a different standard, called an alternative access standard. For HPSM's time or distance standards for where you live, visit www.hpsm.org. Or call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

If you need care from a provider located far from where you live, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). They can help you find care with a provider located closer to you. If HPSM cannot find care for you from a closer provider, you can ask HPSM to arrange transportation for you to go to your provider, even if that provider is located far from where you live.

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

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

Appointments

When you need health care:



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

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

If you have an emergency, call **9-1-1** or go to the nearest emergency room. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the Nurse Advice Line at 1-833-846-8773.

Getting to your appointment

If you don't have a way to get to and from your appointments for covered services, HPSM can help arrange transportation for you. Depending on your situation, you may qualify for either Medical Transportation or for Non-Medical Transportation. These transportation services are **not** for emergencies and may be available at no cost to you.

If you are having an emergency, call **9-1-1**. Transportation is available for services and appointments not related to emergency care. They may be available at no cost to you.

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

Canceling and rescheduling

If you can't get to your appointment, call your provider's office right away. Most doctors require you to call 24 hours (1 business day) before your appointment if you have to cancel. If you miss repeated appointments, your doctor might stop providing care to you and you will have to find a new doctor.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Payment

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

If you do get a bill, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). If you get a bill for prescriptions, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 7 or 7-1-1). Or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

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

- You need emergency services, in which case dial 9-1-1 or go to the nearest hospital
- You need family planning services or services related to testing for sexually transmitted infections, in which case you can go to any Medi-Cal provider without pre-approval (prior authorization)
- You need mental health services, in which case you can go to an in-network provider or a county mental health plan provider without pre-approval (prior authorization)

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

If you get a bill or are asked to pay a co-pay you don't think you have to pay, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). If you pay the bill, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You will need to send HPSM a copy of the bill that you paid and proof that you paid the bill. You can



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

submit copies of the bill and proof of payment to CustomerSupport@hpsm.org. HPSM will review your request and decide if you can get money back.

For questions call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

If HPSM decides to pay you back, HPSM will only pay you back the amount that HPSM would have paid your provider (the Medi-Cal allowable amount). This amount may be less than what you actually paid the provider.

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

HPSM will not pay you back if:

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

Referrals

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

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

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

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

If you have trouble getting a standing referral or want a copy of the HPSM referral



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

policy, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

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

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

California Cancer Equity Act referrals

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Ready to quit smoking? To find services in English, call 1-800-300-8086. For Spanish, call 1-800-600-8191.

To learn more, go to www.kickitca.org.

Pre-approval (prior authorization)

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

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

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

- Hospitalization, if not an emergency
- Services out of the HPSM service area, if not an emergency or urgent
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency.
- Medications administered in a doctor's office or hospital setting.

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

Under Health and Safety Code Section 1367.01(h)(1), HPSM has 5 business days from when HPSM gets the information reasonably needed to decide (approve or deny pre-approval (prior authorization) request. For requests a provider made or when HPSM finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, HPSM will make an expedited (fast) pre-approval (prior authorization) decision.

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

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

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

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

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

For questions about pre-approval (prior authorization), call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Second opinions

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

If you want to get a second opinion, we will refer you to a qualified in-network provider who can give you a second opinion. For help choosing a provider, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

If there is no provider in the HPSM network who can give you a second opinion, HPSM will pay for a second opinion from an out-of-network provider. HPSM will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe, or serious illness, or have an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

function, HPSM will tell you in writing within 72 hours.

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

Sensitive care

Minor consent services

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

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

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

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

- Outpatient mental health care for:
 - Sexual assault
 - Incest
 - Physical assault
 - Child abuse
 - When you have thoughts of hurting yourself or others
- HIV/AIDS prevention, testing, and treatment
- Sexually transmitted infections prevention, testing, and treatment
- Substance use disorder treatment
 - To learn more read “Substance use disorder treatment services” in Chapter 4 of this handbook.

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

For minor consent services that are not specialty mental health services, you can go to an in-network provider without a referral and without pre-approval (prior authorization).



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

Your PCP does not have to refer you and you do not need to get pre-approval (prior authorization) from HPSM to get covered minor consent services.

Minor consent services that are specialty mental health services are not covered. Specialty mental health services are covered by the San Mateo County Behavioral Health and Recovery Services or the County where you live.

Minors (Members 12 years or older) can talk to a representative in private about their health concerns by calling the 24/7 Nurse Advice Line at 1-833-846-8773.

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

Adult sensitive care services

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

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

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

If you need help finding a doctor or clinic for these services, or help getting to these services (including transportation), call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Or call the 24/7 Nurse Advice Line at 1-833-846-8773.

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Moral objection

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

Some hospitals and providers do not provide one or more of these services even if they are covered by Medi-Cal:

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

To make sure you choose a provider who can give you the care you and your family needs, call the doctor, medical group, independent practice association, or clinic you want. Or call HPSM at Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Ask if the provider can and will provide the services you need.

These services are available to you. HPSM will make sure you and your family members can use providers (doctors, hospitals, clinics) who will give you the care you need. If you have any questions or need help finding a provider, call HPSM at Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Urgent care

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

For urgent care, call your PCP. If you cannot reach your PCP, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Or you can call Nurse Advice Line at 1-833-846-8773 (TTY 1-800-735-2929 or 7-1-1), to learn the level of care that is best for



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

you.

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

Urgent care needs could be:

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

You must get urgent care services from an in-network provider when you are inside HPSM's service area. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside HPSM's service area. If you are outside the HPSM service area, but inside the United States, you do not need pre-approval (prior authorization) to get urgent care.

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

If you need mental health urgent care, call the San Mateo County Behavioral Health and Recovery Services (BHRS) ACCESS call center at 1-800-686-0101 (toll free) (TTY 7-1-1) any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to:

<https://www.dhcs.ca.gov/individuals/Pages/MHPContaktList.aspx>.

If you get medicines as part of your covered urgent care visit, HPSM will cover them as part of your covered visit. If your urgent care provider gives you a prescription to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read "Prescription drugs covered by Medi-Cal Rx" in "Other Medi-Cal programs and services" in Chapter 4.

Emergency care

For emergency care, call **9-1-1** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from HPSM.

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

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

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

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

Do **not** go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You can also call the 24/7 Nurse Advice Line at 1-833-846-8773.

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

If you need emergency transportation, call **9-1-1**. You do not need to ask your PCP or HPSM before you go to the ER.

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

Remember: Do not call **9-1-1** unless it is an emergency. Get emergency care only for



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **9-1-1** or go to the nearest emergency room.

HPSM Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call Nurse Advice Line at 1-833-846-8773 or 7-1-1).

Nurse Advice Line

HPSM Nurse Advice Line can give you free medical information and advice 24 hours a day, every day of the year. Call Nurse Advice Line 1-833-846-8773 (TTY 1-800-735-2929 or 7-1-1) to:

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

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

Advance directives

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

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

To learn more, you can call HPSM at Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Organ and tissue donation

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

4. Benefits and services

What your health plan covers

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

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

- Acupuncture*
- Acute (short-term treatment) home* health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections*
- Ambulance services for an emergency
- Anesthesiologist services*
- Asthma prevention
- Audiology*
- Behavioral health treatments*
- Biomarker testing
- Cardiac rehabilitation*
- Chiropractic services*
- Chemotherapy & Radiation therapy
- Cognitive health assessments
- Community health worker services
- Dental services (performed by dental professional)
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)*
- Dyadic care services
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids*
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Lab and radiology*
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy*
- Orthotics/prostheses*
- Ostomy and urological supplies*
- Outpatient hospital services*
- Outpatient mental health services*
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services*
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation*
- Rapid Whole Genome Sequencing*
- Rehabilitation services and devices*
- Skilled nursing services*
- Specialist visits*
- Speech therapy*
- Surgical services*
- Telemedicine/Telehealth
- Transgender services*
- Urgent care
- Vision services*
- Women's health services

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
 HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
 Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/med-cal/.

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

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

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

Medically necessary services do not include:

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

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

For members younger than 21 years old, medically necessary services include all covered services listed above plus any other necessary health care, diagnostic services, treatment, and other measures to correct or improve defects and physical and mental illnesses and conditions, the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit requires.

EPSDT provides prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under age 21. EPSDT covers more services than the benefit for adults. It is designed to make sure children get early detection and care to prevent or diagnose and treat health problems. The EPSDT goal is to make sure every child gets the health care they need when they need it – the right care to the right child at the right time in the right setting.

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

Medi-Cal benefits covered by HPSM

Outpatient (ambulatory) services

Adult immunizations

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

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

Allergy care

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Anesthesiologist services

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

Chiropractic services

HPSM covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of 2 services per month. HPSM may pre-approve other services as medically necessary.

These members qualify for chiropractic services:

- Children under age 21
- Pregnant people through the end of the month that includes 60-days after the end of a pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- All members when services are provided at county hospital outpatient departments, outpatient clinics, Federally Qualified Health Center (FQHCs), or Rural Health Clinics (RHCs) in the HPSM's network. Not all FQHCs, RHCs or county hospitals offer outpatient chiropractic services.

Cognitive health assessments

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

Community health worker services

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

- Health education and training, including control and prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and injury prevention



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management

Dialysis and hemodialysis services

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

Medi-Cal coverage does not include:

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

Doula services

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

Dyadic care services

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

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

Outpatient surgery

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

Physician services

HPSM covers physician services that are medically necessary.

Podiatry (foot) services

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

Treatment therapies

HPSM covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

HPSM covers these maternity and newborn care services:

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

Telehealth services

HPSM's provider network may be able to provide some of your services through telehealth. Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

provider by phone, video, or other means. Or telehealth may involve sharing information with your provider without a live conversation. You can get many services through telehealth.

Telehealth may not be available for all covered services. You can contact your provider to learn which services you can get through telehealth. It is important that you and your provider agree that using telehealth for a service is appropriate for you. You have the right to in-person services. You are not required to use telehealth even if your provider agrees that it is appropriate for you.

Mental health services

Outpatient mental health services

HPSM covers initial mental health assessments without needing pre-approval (prior authorization). You can get a mental health assessment at any time from a licensed mental health provider in the HPSM network without a referral.

Your PCP or mental health provider might make a referral for more mental health screening to a specialist in the HPSM network to decide the level of care you need. If your mental health screening results find you are in mild or moderate distress or have impaired mental, emotional, or behavioral functioning, HPSM can provide mental health services for you. HPSM covers mental health services such as:

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

For help finding more information on mental health services provided by HPSM, you can call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or dial 7-1-1).

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

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

To learn more, read “Other Medi-Cal programs and services” on page 85 under, “Specialty mental health services.”

Emergency care

Inpatient and outpatient services needed to treat a medical emergency

HPSM covers all services that are needed to treat a medical emergency that happens in the U.S. (including territories such as Puerto Rico, U.S. Virgin Islands, etc.). HPSM also covers emergency care that requires hospitalization in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent (reasonable) layperson (not a health care professional) could expect it to result in:

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Rx will cover that prescription.

If a pharmacist at an outpatient pharmacy gives you an **emergency supply** of a medication, that emergency supply will be covered by Medi-Cal Rx and not HPSM. If the pharmacy needs help giving you an emergency medication supply, have them call Medi-Cal Rx at 1-800-977-2273.

Emergency transportation services

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

Hospice and palliative care

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

Hospice care

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

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Some drugs and biological services (some may be available through Medi-Cal Rx)
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care

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

Palliative care includes:

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

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

Hospitalization

Anesthesiologist services

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Inpatient hospital services

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

Rapid Whole Genome Sequencing

Rapid Whole Genome Sequencing (RWGS) is a covered benefit for any Medi-Cal member who is one year of age or younger and is getting inpatient hospital services in an intensive care unit. It includes individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing.

RWGS is a new way to diagnose conditions in time to affect Intensive Care Unit (ICU) care of children one year of age or younger.

Surgical services

HPSM covers medically necessary surgeries performed in a hospital.

The Postpartum Care Extension (PPCE) program

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

Rehabilitative and habilitative (therapy) services and devices

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

HPSM covers these rehabilitative/habilitative services:

Acupuncture

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

Outpatient acupuncture services, with or without electric stimulation of needles, are limited to 2 services per month. Limits do not apply to children under age 21. HPSM may pre-approve (prior authorize) more services as medically necessary.

Audiology (hearing)

HPSM covers audiology services. Outpatient audiology is limited to 2 services per month. HPSM may pre-approve (prior authorize) more services as medically necessary.

Behavioral health treatments

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

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

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

Cardiac rehabilitation

HPSM covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

HPSM covers the purchase or rental of DME supplies, equipment and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

specialist. Prescribed DME items are covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, HPSM does not cover:

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

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

Enteral and parenteral nutrition

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

Hearing aids

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

aid.

Hearing aids for members under age 21

In San Mateo County, HPSM covers CCS-eligible medical services, including hearing aids. HPSM will cover the medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for members ages 21 and older.

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

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

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

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

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

- Replacement hearing aid batteries

Home health services

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

Medical supplies, equipment, and appliances

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

Medi-Cal does **not** cover:

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

Occupational therapy

HPSM covers occupational therapy services including occupational therapy evaluation, treatment planning, treatment, instruction, and consultative services. Occupational therapy services are limited to 2 services per month. HPSM may pre-approve (prior authorize) more services as medically necessary.

Orthotics/prostheses

HPSM covers orthotic and prosthetic devices and services that are medically necessary



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. They include implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

Ostomy and urological supplies

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

Physical therapy

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

Pulmonary rehabilitation

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

Skilled nursing facility services

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

Speech therapy

HPSM covers speech therapy that is medically necessary. Speech therapy services are limited to 2 services per month. HPSM may pre-approve (prior authorize) more services as medically necessary.

Transgender services

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

Clinical trials

HPSM covers routine patient care costs for patients accepted into clinical trials,



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

including clinical trials for cancer, listed for the United States at <https://clinicaltrials.gov>. Medi-Cal Rx, a Medi-Cal FFS program, covers most outpatient prescription drugs. To learn more, read “Outpatient prescription drugs” in this chapter.

Laboratory and radiology services

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

Preventive and wellness services and chronic disease management

The plan covers:

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

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

For family planning services, you may also choose a Medi-Cal doctor or clinic not connected with HPSM without having to get pre-approval (prior authorization) from HPSM. Services from an out-of-network provider not related to family planning might not be covered. To learn more, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- Diabetes
- Cardiovascular disease
- Asthma
- Depression

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

Diabetes Prevention Program

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

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

Members must meet certain rules to join DPP. Call HPSM to learn if you qualify for the program.

Reconstructive services

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

Substance use disorder screening services

HPSM covers:

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

For treatment coverage through the county, read “Substance use disorder treatment



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

services” below in this chapter.

Vision benefits

HPSM covers:

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

Transportation benefits for situations that are not emergencies

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

If they find that you need medical transportation, they will prescribe it by filling out a form and submit it to HPSM. Once approved, the approval is good for up to 12 months depending on the medical need. Once approved, you can get as many rides as you



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

need. Your doctor will need to reassess your medical need for medical transportation and re-approve it every 12 months.

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

You will get medical transportation if:

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

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1) at least five (5) business days (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible. Have your member ID card ready when you call.

Limits of medical transportation

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

If Medi-Cal covers the appointment type but not through the health plan, HPSM will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered outside of the network or service area unless pre-authorized by HPSM. To learn more or to ask for medical transportation, call HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Cost to member

There is no cost when HPSM arranges transportation.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

How to get non-medical transportation

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

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

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

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

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

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

To request a ride for services that have been authorized, call HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1) or American Logistic Company (ALC) at 1-844-856-4389 at least two (2) business days (Monday-Friday) before your appointment. Or call as soon as you can when you have an urgent appointment. Have your member ID card ready when you call.

A parent or guardian must provide written consent prior to requesting non-medical transportation for an unaccompanied minor. Written consent can be sent via email to CustomerSupport@hpsm.org or submitted via FAX to 650-616-8581. HPSM will send a copy of the written consent to ALC.

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

For full information on how to use your non-medical transportation benefit, please see the attached sheet titled “How to Use Your Ride Benefit.” This sheet has important information about how to book a ride and the limits of this benefit.

Limits of non-medical transportation

HPSM provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive themselves or be reimbursed directly for non-medical transportation. To learn more, call HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Non-medical transportation does not apply if:

- An ambulance, litter van, wheelchair van, or other form of medical transportation is medically needed to get to a Medi-Cal covered service
- You need help from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition
- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver
- Medi-Cal does not cover the service

Cost to member

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

Travel expenses

In some cases, if you have to travel for doctor’s appointment that are not available near your home, HPSM can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. They may also be covered for someone who is traveling with you to help you with your appointment or someone who is donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

HPSM Dental

Your dental services are provided by HPSM Dental. For help finding a dentist, or for help getting dental services, you can call HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

HPSM Dental covers services, including:



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

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

Dental check-ups for children

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

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

Babies aged 1 to 4

- Baby’s first dental visit
- Baby’s first dental exam
- Dental exams (every 6 months; every 3 months from birth to age 3)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride varnish
- Fillings
- Tooth removal
- Emergency services
- Outpatient services
- *Sedation (if medically necessary)

Kids aged 5-12

- Dental exams (every 6 months)
- X-rays
- Fluoride varnish
- Teeth cleaning (every 6 months)
- Molar sealants
- Fillings
- Root canals
- Emergency services



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- Outpatient services (if medically necessary)
- *Sedation (if medically necessary)

Kids aged 13-20

- Dental exams (every 6 months)
- X-rays
- Fluoride varnish
- Teeth cleaning (every 6 months)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Tooth removal
- Emergency services
- Outpatient services
- *Sedation (if medically necessary)

*Sedation and general anesthesia should be considered when it is documented why local anesthesia is not appropriate or contraindicated, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

Contraindications include, but are not limited to:


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

If you have questions about dental services, or if you need help finding a dentist in the HPSM Dental Network, call the HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2922 or 7-1-1). You may also visit the HPSM's website at www.hpsm.org/dental for more information.

To get dental services you will need to have an HPSM Member ID card and a Medi-Cal Benefits Identification Card (BIC). Your dentist may want to use your Medi-Cal BIC to confirm your Medi-Cal eligibility. The BIC is a plastic card. It has a "poppy flower" or a "blue and white" design.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

 <p>Medi-Cal</p> <p>Name: John C Sample</p> <p>Date of Birth: MM/DD/YYYY</p> <p>HPSM ID: 123456789</p> <p>Effective Date: MM/DD/YYYY</p> <p>For information about your health plan benefits, call Member Services: 1-800-750-4776 or visit www.hpsm.org</p>	<p>In case of emergency, call 9-1-1 or seek appropriate emergency care. Emergency services do not require pre-authorization. For information about Mental Health Services call 1-800-686-0101 24-Hour Nurse Advice: 1-833-846-8773 (toll free)</p> <p style="text-align: center;">FOR PROVIDER USE ONLY</p> <p>Providers with a PIN can check member eligibility verification 24 hours a day at 1-800-696-4776, or online at www.hpsm.org. Member ID: Use ID on the FFS Medi-Cal BIC</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Submit pharmacy claims to: Magellan Medicaid Administration, Inc. Medi-Cal Rx Call Center Line 1-800-977-2273 TTY: 711 www.Medi-CalRx.dhcs.ca.gov</p> </td> <td style="vertical-align: top;"> <p>Submit medical claims to: HPSM Claims Department 801 Gateway Blvd., Suite 100 South San Francisco, CA 94080 Claims Department: 650-616-2106</p> </td> </tr> </table>	<p>Submit pharmacy claims to: Magellan Medicaid Administration, Inc. Medi-Cal Rx Call Center Line 1-800-977-2273 TTY: 711 www.Medi-CalRx.dhcs.ca.gov</p>	<p>Submit medical claims to: HPSM Claims Department 801 Gateway Blvd., Suite 100 South San Francisco, CA 94080 Claims Department: 650-616-2106</p>
<p>Submit pharmacy claims to: Magellan Medicaid Administration, Inc. Medi-Cal Rx Call Center Line 1-800-977-2273 TTY: 711 www.Medi-CalRx.dhcs.ca.gov</p>	<p>Submit medical claims to: HPSM Claims Department 801 Gateway Blvd., Suite 100 South San Francisco, CA 94080 Claims Department: 650-616-2106</p>		

BIC Poppy Design



BIC "blue and white" Design



If you do not have your Medi-Cal BIC, you can ask for a new one. Just call San Mateo County Human Services Agency (toll-free) at 1-800-223-8383 or visit <https://hsa.smcgov.org/medi-cal-health-insurance>.

Dental Benefits

In order to use your HPSM Dental benefits, you have to select an HPSM Network dentist. HPSM Dental will only pay for services you get from providers who are in HPSM Dental's network. You will have to pay for any dental services you get from dentists who are not enrolled in the HPSM network starting January 1, 2023.

You can find a dentist online at any time by visiting hpsm.org/dental-provider. You can also request a Dental Provider List by emailing CustomerSupport@hpsm.org or calling Member Services at 1-800-750-4776, TTY 1-800-735-2929 or dial 7-1-1. Monday through Friday, 8:00 a.m. to 6:00 p.m.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Below is a quick reference guide for the most common services available to members. More information can be found at hpsm.org/dental.

Services	Babies	Kids	Teens	Pregnancy	Adults	Seniors
Exam*	✓	✓	✓	✓	✓	✓
X-rays	✓	✓	✓	✓	✓	✓
Teeth cleaning	✓	✓	✓	✓	✓	✓
Fluoride varnish	✓	✓	✓	✓	✓	✓
Fillings	✓	✓	✓	✓	✓	✓
Tooth removal	✓	✓	✓	✓	✓	✓
Emergency services	✓	✓	✓	✓	✓	✓
Sedation	✓	✓	✓		✓	✓
Molar sealants**		✓	✓			
Root canal		✓	✓	✓	✓	✓
Orthodontics (braces)***			✓			
Crowns****			✓	✓	✓	✓
Partial and full dentures			✓	✓	✓	✓
Denture relines			✓	✓	✓	✓
Scaling and root planing			✓	✓	✓	✓

Free or low-cost checkups every six months for members under the age of 21 and every 12 months for members over 21

***Permanent molar sealants are covered members up to age 21*

****For those who qualify*

*****Crowns on molars or premolars (back teeth) may be covered in some cases*

There is no limit for covered, medically necessary dental services. Your dentist can help you pick the best treatment and what services you can have through your HPSM Dental coverage. During your first dental visit, show your HPSM member ID card to your dentist.

Cost of Dental Services

There is no cost for your HPSM Dental services. If you have other dental coverage, HPSM Dental will be your secondary coverage.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Other HPSM covered benefits and programs

Long-term care services and supports

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

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

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

If you have questions about long-term care services, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Basic care management

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

get free transportation.

If you have questions or concerns about your health or the health of your child, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. HPSM offers Complex Care Management (CCM) services to members who have multiple or severe chronic conditions and/or newly diagnosed with a chronic condition; Members with a chronic condition who have not seen their PCP in the last 12 months, or who have utilized the ED or has had an inpatient hospital stay more than one time in the last 6 months. Members must agree to receive CCM services to be enrolled in the CCM program. Members cannot be enrolled in ECM and CCM at the same time.

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

Enhanced Care Management (ECM)

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

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

Covered ECM services

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

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

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

Cost to member

There is no cost to the member for ECM services.

Community Supports

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

Examples of Community Supports HPSM to offers:

Housing Transition Navigation Services: Helps members find housing and coordinates resources to meet their needs.

Environmental Accessibility Adaptations: Provides physical modifications to members' homes to increase their independence or ensure their health, welfare and safety.

Housing Tenancy and Sustaining Services: Once housing is secured, helps members keep it through advocacy, coordination, resource referrals, life-skills coaching, and health and safety visits

Community Transition Services/Nursing Facility Transition to a Home: Coordinates services to cover nonrecurring home set-up expenses when members transition from a licensed facility into the community.

Housing Deposits: Provides one-time funds to enable members to secure housing.

Nursing Facility Transition/Diversion to Assisted Living Facilities: Coordinates services to facilitate members' transition from nursing facilities back into home-like,



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

community settings. Assisted living facilities can include Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs).

Personal Care and Homemaker Services*: For individuals who need assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) who could otherwise not remain at home. Services include house cleaning, meal preparation, laundry, grocery shopping, personal care services, accompaniment to medical appointments and protective supervision.

Caregiver Respite*: Short-term non-medical services provided to caregivers of members who require intermittent temporary supervision. These services are provided at the member's home or other location being used as the home or at approved out-of-home locations.

Medically Supportive Meals: Delivers medically tailored meals to the homes of members with chronic conditions to help them achieve their nutrition goals at critical times, helping them regain and maintain their health.

**Currently limited to members transitioning from the Multipurpose Senior Services Program (MSSP).*

Who is eligible for Community Supports

Members are eligible for CS if they meet the following:

- Active HPSM Medi-Cal or CareAdvantage member.
- Engaged with a Care Manager.
- Willing to receive community supports.

Members who are receiving the Enhanced Care Management benefit are eligible for CS.

If you need help or want to find out what Community Supports might be available for you, call Member Services at 1-800-750-4776 or case management direct line (TTY 1-800-735-2929 or 7-1-1) or call your health care provider.

Major organ transplant

Transplants for children under age 21

In San Mateo County, HPSM must refer California Children's Services (CCS) eligible children to a CCS-approved Special Care Center (SCC) for an evaluation within 72 hours of when the child's doctor or specialist identifies the child as a potential candidate for transplant. If SCC confirms that the transplant would be needed and safe, HPSM will



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

cover the transplant and related services.

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

Transplants for adults ages 21 and older

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

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

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

Whole Child Model (WCM) program

HPSM covers California Children's Services (CCS) program covered services for Medi-Cal eligible CCS children and youth through the Whole Child Model program (WCM). CCS is a state program that treats children under 21 years of age with certain health conditions, diseases, or chronic health problems and who meet the CCS program rules.

If HPSM or your PCP believes you or your child has a CCS condition, they will be referred to the county CCS program to be assessed for eligibility. If you or your child qualifies for WCM, they will get their CCS care through HPSM.

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

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

CCS county program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers working with HPSM will assign a personal care coordinator to help coordinate treatment for the CCS-eligible condition using a care team and care plan.

To learn more about CCS, go to <https://www.dhcs.ca.gov/services/ccs>. Or call HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Transportation and travel expenses for CCS

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

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

Home and community-based services (HCBS) outside of WCM services

If you qualify to enroll in a 1915(c) waiver, you may be able to get home and community-based services that are not related to a CCS-eligible condition but are necessary for you to stay in a community setting instead of an institution. For example, if you require home modifications to meet your needs in a community-based setting, HPSM cannot pay those costs as a CCS-related condition. But if you are enrolled in a 1915(c) waiver, home modifications may be covered if they are medically necessary to prevent institutionalization.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Other Medi-Cal programs and services

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

HPSM does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. HPSM will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not HPSM. This section lists some of these services. To learn more, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

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

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

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

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

To find out if a drug is on the Contract Drugs List or to get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 7 or 7-1-1).



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Pharmacies

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

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

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

Specialty mental health services

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

Outpatient services:

- Mental health services years old
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management
- Therapeutic behavioral services covered for members under 21



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- Intensive care coordination (ICC) covered for members under 21 years old
- Intensive home-based services (IHBS) covered for members under 21 years old
- Therapeutic foster care (TFC) covered for members under 21 years old
- Peer Support Services (PSS) (optional)

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Psychiatric inpatient hospital services
- Psychiatric health facility services

To learn more about specialty mental health services, the county mental health plan provides, you can call your county mental health plan (San Mateo County Behavioral Health and Recovery Services (BHRS)) at 1-800-686-0101. To find all counties' toll-free telephone numbers online, visit dhcs.ca.gov/individuals/Pages/MHPCContactList.aspx. If HPSM determines that you will need services from the county mental health plan, HPSM will help you connect with the county mental health plan services.

Substance use disorder treatment services

HPSM encourages members who want help with alcohol use or other substance use to get care. Services for substance use are available from general care providers such as primary care, inpatient hospitals, and emergency departments and from specialty substance use service providers. County Behavioral Health Plans (San Mateo County Behavioral Health and Recovery Services (BHRS)) provides these specialty services.

To learn more about treatment options for substance use disorders, talk to your primary care provider, or call the San Mateo County Behavioral Health and Recovery Services (BHRS) ACCESS call center at 1-800-686-0101 (toll free) (TTY 7-1-1).

HPSM members can have an assessment to match them to the services that best fit their health needs and preferences. When medically necessary, available services include outpatient treatment, residential treatment, and medicines for substance use disorders (also called Medication Assisted Treatment (MAT)) such as buprenorphine,



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

methadone, and naltrexone.

San Mateo County Behavioral Health and Recovery Services (BHRS) provides substance use disorder services to Medi-Cal members who qualify for these services. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. For a list of all counties' telephone numbers go to https://dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

HPSM will provide or arrange for MAT to be given in primary care, inpatient hospital, emergency department, and other medical settings.

The County covers:

- Outpatient substance use disorder services. Treatments for substance use including outpatient services, medication assisted treatment, withdrawal management and residential treatment based on member need.

For information about treatment for substance use disorders, please call the San Mateo County Behavioral Health and Recovery Services (BHRS) ACCESS call center at 1-800-686-0101 (toll free) (TTY 7-1-1).

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Waiver

- Multipurpose Senior Services Program (MSSP)

To learn more about the Medi-Cal Waivers, go to <https://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx>. Or call HPSM Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

In-Home Supportive Services (IHSS)

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

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

Services you cannot get through HPSM or Medi-Cal

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

- Services, supplies, items, procedures or equipment which are not medically necessary
- Emergency facility services for non-emergency conditions, unless you believe an emergency existed
- Services eligible for reimbursement by insurance, Workers' Compensation benefit plan or covered under any other insurance or health care services plan. HPSM shall provide the services at time of need, and the Member shall cooperate, so HPSM is reimbursed for those services
- Transportation by passenger car, taxi, or other form of public transportation not for medical services
- Home Health custodial care and physical therapy and rehabilitation which are not medically necessary
- Fertility treatment unless provide along with covered gynecological services
- In vitro fertilization (IVF), including but not limited to infertility studies or



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- procedures to diagnose or treat infertility
- Fertility preservation
- Experimental services
- Home modifications
- Vehicle modifications
- Cosmetic surgery performed only to improve appearance but not aimed to improve function or otherwise deemed medically necessary

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

To learn more call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Evaluation of new and existing technologies

HPSM will review requests for new technologies or experimental or investigational treatments. This includes requests for medical procedures, services, medications, and devices as well as surgical procedures (including implants).

- These treatments may be approved if you have a life threatening or seriously debilitating condition for which: Standard therapies have not been effective, or are not appropriate, or
- There is not a standard therapy covered by Medi-Cal that is more beneficial than the therapy being proposed.

New technologies will be evaluated by HPSM's clinical staff to determine if they should be included as a covered benefit. This review considers clinical research and peer-review expert opinion.

If you would like HPSM to cover a treatment that is experimental, investigational, or includes new technology, please talk to your doctor. Your doctor can submit a request for HPSM's review (prior authorizations).

You may seek an Independent Medical Review (IMR) if experimental or investigational therapy is delayed, denied, or modified. Please see page 92 for information on how to request an IMR.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

5. Child and youth well care

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

Pediatric services (Children under age 21)

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Well-child health check-ups and preventive care

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

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

Your child should get check-ups at these ages:

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

Well-child health check-ups include:

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

If the doctor finds a problem with your or your child's physical or mental health during a



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

check-up or screening, you or your child might need to get medical care. HPSM will cover that care at no cost to you including:

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

Blood lead poisoning screening

All children enrolled in HPSM should get blood lead poisoning screening at 12 and 24 months of age or between 36 and 72 months of age if they were not tested earlier. Children should also be screened whenever the doctor believes a life change has put the child at risk.

Help getting child and youth well care services

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

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed
- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services that are available through Fee-for-Service (FFS) Medi-Cal, such as:



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- Treatment and rehabilitative services for mental health and substance use disorders
- Treatment for dental issues, including orthodontics

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

Additional preventive education referral services

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

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

6. Reporting and solving problems

There are two ways to report and solve problems:

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

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

You may contact HPSM first to let us know about your problem. Call Member Services between Monday through Friday, 8:00 a.m. to 6:00 p.m. at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Tell us about your problem.

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC). Ask them to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with HPSM. You can call DMHC for free at 1-888-466-2219 (TTY 1-877-688-9891 or 7-1-1). Or go to: <https://www.dmhc.ca.gov>.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing, or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, 8:00 a.m. to 5:00 p.m. at 1-888-452-8609. The call is free.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call Member Services



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

To report incorrect information about your health insurance, call Medi-Cal Monday through Friday, 8:00 a.m. to 5:00 p.m. at 1-800-541-5555.

Complaints

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

- **By phone:** Call HPSM at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1) between Monday through Friday, 8:00 a.m. to 6:00 p.m. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call HPSM at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

Health Plan of San Mateo
Attn: Grievance and Appeal Unit
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

Your doctor's office will have complaint forms.

- **Online:** Go to the HPSM website at www.hpsm.org/members/medi-cal/.

If you need help filing your complaint, we can help you. We can give you no-cost language services. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Within 5 calendar days of getting your complaint, we will send you a letter telling you we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call HPSM about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

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

Complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review. DMHC's toll-free telephone number is 1-888-466-2219 (TTY 1-877-688-9891). You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: <https://www.dmhc.ca.gov/>.

Appeals

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- **By phone:** Call HPSM at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1) between Monday through Friday, 8:00 a.m. to 6:00 p.m. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call HPSM at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

Health Plan of San Mateo

Attn: Grievance and Appeal Unit

801 Gateway Boulevard, Suite 100

South San Francisco, CA 94080

Your doctor's office will have appeal forms available.

- **Online:** Visit the HPSM website. Go to www.hpsm.org/members/medi-cal/.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you no-cost language services. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Within 5 days of getting your appeal, we will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with DMHC. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR with DMHC. In this case, the State Hearing has final say.

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). We will decide within 72 hours of receiving your appeal.

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS), and a judge will review your case. CDSS' toll-free telephone number is 1-800-743-8525 (TTY 1-800-952-8349). You can also ask for a State Hearing online at <https://www.cdss.ca.gov>.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have HPSM's decision reviewed. Or ask for an **Independent Medical Review (IMR)** from DMHC. If your complaint qualifies for DMHC's Independent Medical Review (IMR) process, an outside doctor who is not part of HPSM will review your case and make a decision that HPSM must follow.

DMHC's toll-free telephone number is 1-888-466-2219 (TTY 1-877-688-9891). You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: <https://www.dmhc.ca.gov>.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing and an IMR.

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by HPSM. You can submit complaints and appeals about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 7-1-1. Complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review (IMR).

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. You cannot ask DMHC for an IMR for Medi-Cal Rx pharmacy benefit decisions.

Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care (DMHC)

An IMR is when an outside doctor who is not related to your health plan reviews your



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

case. If you want an IMR, you must first file an appeal with HPSM. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing so if you want an IMR and a State hearing file your complaint as soon as you can. Remember, if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You may be able to get an IMR right away without first filing an appeal with HPSM. This is in cases where your health concern is urgent, such as those involving a serious threat to your health.

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure HPSM made the correct decision when you appealed its denial of services.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at Member Services at **1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov/ has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with HPSM and a judge from the CDSS. The judge will



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

help to resolve your problem or tell you that we made the correct decision. You have the right to ask for a State Hearing if you already asked for an appeal with us and you are still not happy with our decision, or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on our NAR letter. If we gave you Aid Paid Pending during your appeal and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within 10 days of our NAR letter or before the date we said your services will stop, whichever is later. If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact HPSM between Monday through Friday, 8:00 a.m. to 6:00 p.m. by calling 1-800-750-4776. If you cannot hear or speak well, call TYY 1-800-735-2929 or 7-1-1. Your authorized representative or provider can ask for a State Hearing for you with your written permission.

Sometimes you can ask for a State Hearing without completing our appeal process.

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

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

You can ask for a State Hearing in these ways:

- **Online:** Request a hearing online at www.CDSS.CA.GOV
- **Fax:** Fill out the form that came with your appeals resolution notice and Fax it to the State Hearings Division at 1-833-281-0905
- **By phone:** Call the State Hearings Division at 1-800-743-8525 (TTY 1-800-952-8349 or 7-1-1).
- **By mail:** Fill out the form provided with your appeals resolution notice and send it



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-442
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you no-cost language services. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

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

If you want CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from HPSM.

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse, it is your responsibility to report it by calling the confidential toll-free number for DHCS at 1-800-822-6222 or submitting a complaint online at <https://www.dhcs.ca.gov/>. You may also submit a complaint to HPSM's confidential toll-free hotline by calling 1-844-965-1241 or by submitting a complaint through HPSM's website at <https://www.hpsm.org>. You may choose to remain anonymous.

Provider fraud, waste and abuse includes:

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

member

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

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

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

Send your report to:

Health Plan of San Mateo
Attn: Compliance Officer
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

Compliance Hotline: 1-844-965-1241



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

7. Rights and responsibilities

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

Your rights

These are your rights as a member of HPSM:

1. To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information
2. To be provided with information about the health plan and its services, including covered services, practitioners, and member rights and responsibilities
3. To get fully translated written member information in your preferred language, including all grievance and appeals notices
4. To make recommendations about HPSM's member rights and responsibilities policy
5. To be able to choose a primary care provider within HPSM's network
6. To have timely access to network providers
7. To participate in decision making with providers regarding your own health care, including the right to refuse treatment
8. To voice grievances, either verbally or in writing, about the organization or the care you got
9. To know the medical reason for HPSM's decision to deny, delay, terminate or change a request for medical care
10. To get care coordination



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

11. To ask for an appeal of decisions to deny, defer or limit services or benefits
12. To get no-cost interpreting and translation services for your language
13. To get free legal help at your local legal aid office or other groups
14. To formulate advance directives
15. To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with HPSM and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible
16. To access minor consent services
17. To get no-cost written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare and Institutions (W&I) Code section 14182 (b)(12)
18. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
19. To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
20. To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526
21. Freedom to exercise these rights without adversely affecting how you are treated by HPSM, your providers or the state
22. To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services and emergency services outside HPSM's network pursuant to the federal law

Your responsibilities

HPSM members have these responsibilities:



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

1. Carefully read all HPSM Member materials so that you understand how to use your benefits and what procedures to follow when you need care.
2. Do your best to keep provider appointments; if you need to cancel or reschedule an appointment, call your provider at least 24 hours in advance or as soon as possible.
3. Show your HPSM ID card or remember to tell your Provider (your doctor, hospital, or other provider) that you are an HPSM member before receiving care.
4. Follow the treatment plan that you and your provider have agreed upon.
5. Provide accurate and complete information about your health care needs to HPSM and to your provider. Tell your provider if you have a medical condition.
6. As best as you can, understand your health care needs and participate in developing treatment plans and goals with your providers.
7. Follow the plans and instructions for care that you have agreed upon with your provider. Ask your provider questions if you do not understand something or aren't sure about the advice that you are given.
8. See the Specialists to whom your Primary Care Provider (PCP) refers you.
9. Actively participate in health care programs that keep you well.
10. Work with your providers to build and maintain a good working relationship.
11. Use the emergency room only in case of an emergency or as directed by your provider.
12. Follow-up with your Primary Care Provider (PCP) after getting care at an emergency facility.
13. Report lost or stolen ID cards to HPSM Member Services and do not let anyone else use your HPSM ID card.
14. Call HPSM Member Services if you do not understand how to use your benefits or have any problems with the services that you received.
15. Tell HPSM if you move and/or change your phone number. Call HPSM Member Services and the San Mateo County Human Services Agency. If you receive SSI, call Social Security Administration. We all need to have your correct address and phone number on file.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

16. Tell HPSM if you have other health insurance coverage (OHC). If your other health insurance ends, send HPSM a copy of your OHC termination letter.
17. Follow the HPSM Grievance procedure if you want to file a complaint.
18. Treat all HPSM staff and your health care providers respectfully and courteously.

Notice of non-discrimination

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

HPSM provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact HPSM Monday through Friday, 8:00 a.m. to 6:00 p.m. by calling 1-800-750-4776. Or, if you cannot hear or speak well, call (TTY 1-800-735-2929 or 7-1-1) to use the California Relay Service.

How to file a grievance

If you believe that HPSM has failed to provide these services or unlawfully discriminated in another way based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

grievance with HPSM's Grievance and Appeals coordinator II. You can file a grievance in writing, in person, or electronically:

- **By phone:** Contact HPSM between Monday through Friday, 8:00 a.m. to 6:00 p.m. by calling 1-800-750-4776. Or, if you cannot hear or speak well, call TTY 1-800-735-2929 or 7-1-1 to use the California Relay Service.
- **In writing:** Fill out a complaint form or write a letter and send it to:

Health Plan of San Mateo
Attn.: Grievance and Appeals Unit
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

- **In person:** Visit your doctor's office or HPSM and say you want to file a grievance.
- **Electronically:** Visit HPSM's website at grievance.hpsm.org.

Office of Civil Rights – California Department of Health Care Services

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

- **By phone:** Call 1-916-440-7370. If you cannot speak or hear well, call 7-1-1 (Telecommunications Relay Service).
- **In writing:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at

https://www.dhcs.ca.gov/Pages/Language_Access.aspx.

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

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

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Department of Health and Human Services, Office for Civil Rights by phone, in writing or electronically:

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, call TTY 1-800-537-7697 or 7-1-1 to use the California Relay Service.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

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

Ways to get involved as a member

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

Consumer Advisory Committee

HPSM has a group called Consumer Advisory Committee. This group is made up of HPSM members, community advocates and staff from agencies that work with HPSM members. You can join this group if you would like. The group talks about how to improve HPSM policies and is responsible for:

- gives advice to HPSM staff on improving the quality of HPSM services.

If you would like to be a part of this group, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Or send us a letter or email us. Please include the following information:

- Your name and HPSM member ID number
- What HPSM program you belong to (e.g., Medi-Cal)
- A brief explanation of why you want to join the Consumer Advisory Committee

Email us at CustomerSupport@hpsm.org or send your letter to:



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Health Plan of San Mateo
Attn.: Member Services
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

San Mateo Health Commission

The San Mateo Health Commission (SMHC) is the governing board for HPSM. The SMHC meeting is scheduled for the second Wednesday of each month and is open to the public. You can go to www.hpsm.org/about-us/governance/commission or call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1) for more information.

Notice of Privacy Practices

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

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

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

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

HPSM's statement of its policies and procedures for protecting your medical information



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

(called a “Notice of Privacy Practices”) is included below:

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

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

If you have questions about this Notice, please contact a Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Why Am I Receiving this Notice?

We understand that health information about you is personal. We are committed to protecting your health information. In general, health information is any information about your physical or mental health or about your payment for health services that can be identified with you as an individual. This information can be about your past, present, or future health. Examples of health information are your name, date of birth, diagnoses, medical treatments, and past medical claims, though this is far from a complete list.

This notice contains a summary of HPSM’s privacy practices and your rights relating to health information. This notice only covers HPSM’s privacy practices. Your doctor may have different policies or notices regarding his or her use and disclosure of your health information created in the doctor’s office.

We Are Required by Law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices about your health information; and
- Follow the terms of the notice that is currently in effect.

How May HPSM Use or Share My Health Information?

The following are ways in which we may use your health information. The types of uses and disclosures of information listed below are allowed by state and federal law. Use refers to how we use information within HPSM. Disclosure means sharing information with someone outside HPSM. Following is a description of each type of use or disclosure and some examples. The list below does not include every possible allowable use and disclosure, and it is not intended to limit uses and disclosures that are permitted by law. However, all the ways we are allowed to use and disclose your



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

health information will fall within one or another of the following purposes:

- **For Payment.** We use your health information to pay bills for the health services you receive as an HPSM Member. For example: We may need to get information from your doctor about a treatment that the doctor is considering for you. We will review the information to make a decision about whether to approve payment for the treatment. Decisions are based on medical need. We may need to let the doctor know if the treatment is a covered benefit for you.
- **For Health Care Operations.** We may use and disclose health information about you to carry out HPSM's operations. This is done in a confidential manner. These uses and disclosures are necessary to run the health plan and perform many of the services that you receive. For example: We may use health information about you in our review of the doctors who provide your care. We check their performance to make sure you are receiving quality care. We may also use health information about you to compare the quality of our services to that of other health plans. This will help us check if there are ways we can improve the quality of care you receive.
- **For Treatment.** We may use your health information in managing your care. We may share your health information with a provider for use in treating you. For example: We may review your health information, including medications that you are taking, to make sure that none of the treatments you receive will conflict.
- **Health-related Benefits and Services.** We may use and share health information to tell you about HPSM's health benefits or services that may be of interest to you through HPSM's Health Education Programs.
- **To Contractors.** We may disclose your health information to our contractors who assist us in our operations. Our contractors agree in writing to keep the health information provided to them confidential and secure, and not to use it except to assist us. For example, we contract with a company known as a "Pharmacy Benefit Manager." This company processes claims for pharmacy services. We provide information that we have that is needed to pay the pharmacy claims for our Members. The Pharmacy Benefit Manager agrees to keep this information confidential.
- **To Health Insurance Program Sponsors.** Employers and other organizations sponsor health insurance programs. These employers or sponsors contract with HPSM to provide services to you and pay claims. We may notify the plan



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

sponsor if you are enrolled in, or disenrolled from the plan. We may also disclose your health information so the plan sponsor can audit HPSM's performance. The sponsor agrees to keep your health information confidential and secure.

- **To Family Members or Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a person who is responsible for paying for your health care, as necessary to enable that person to make payment. We may also disclose health information to family members and others who are involved in your health care. However, we may only disclose this information if you are present and agree to the disclosure. If you are not present, we may only disclose your health information to people involved in your care if you are unable to respond because of your medical condition and we believe that disclosing your information would be in your best interest. We may also disclose your health information to individuals involved in your care or payment for your care after your death unless you tell us not to share your information with them.
- **To Schools Regarding Immunizations.** We may provide a record of immunizations to a school about a student either enrolled or to be enrolled in the school if the school is required by the State or other law to have such proof of immunization.

Special Situations

- **As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avoid a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of others. We would only give the information to someone who can help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces or a veteran, we may release health information about you as required by military authorities or to assist in determining your eligibility for veteran's benefits.
- **Correction Institutions.** If you are in custody, release of health information may also be made to correction institutions in the course of coordinating your care.
- **Workers Compensation.** We may release health information about you for Workers Compensation or similar programs. These programs provide benefits for work-related injuries or illness.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report child abuse or neglect;
 - To report births or deaths;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
 - To notify the appropriate government authority if we believe a Member has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when authorized by law.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. For example, we may disclose your health information to the public agency responsible for overseeing HPSM's operations. These activities are necessary for the government to monitor the health care system and government health benefit programs.
- **Lawsuits and Disputes.** We may disclose health information about you if ordered to do so by a court or tribunal. We may also disclose health information about you in response to a subpoena, or other lawful process, but only if efforts have been made to notify you of the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release health information if required to do so by a law enforcement official or, in limited circumstances, if the official requests the information, or in order to report criminal conduct. Generally, this would have to be in connection with a criminal investigation and/or in response to a court order, warrant, or similar process. We also may release your health information to authorized federal officials for national security activities authorized by law.
- **Military Functions.** We may release your information if it is requested to assist in a military mission or other governmental activity related to intelligence, national security, or protecting the President.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release the



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

health information of Members who are deceased to coroners, medical examiners, and funeral directors to enable them to perform their duties.

- **Organ Transplant Organizations.** We may release your health information to organizations working on organ or tissue transplantation for the purposes of facilitating an organ transplant.
- **50 Years after Death.** We may release the health information of Members who are deceased to any agency if the Member has been deceased for at least 50 years.
- **Disaster Relief.** We may release your health information in a disaster relief situation. However, if you prefer for us not to release your information for this type of situation, you have the right to make that choice.

Limitations

Other laws may limit or prevent the disclosures listed above. For example, there are special limits on the disclosure of health information relating to HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information. We cannot sell your information.

Authorization

We will not allow uses and disclosures of your health information other than those described on the previous pages without your written permission or authorization. We must obtain your authorization before we use or disclose your information for any other reason. **For example:** We may use and share health information about you for research purposes if we have your authorization. Your decision to grant us an authorization does not affect your medical treatment, health plan benefits, payment for treatment, or enrollment eligibility. You have the right to change your mind even after you have signed an authorization for use or release of your health information. If you decide to do this, we will not further use or disclose the information. Of course, we cannot take back any disclosures we had already made during the time we had your permission to do so.

Your Rights Regarding Health Information about You

You have the following rights regarding your health information that we store:

- **Right to Obtain a Copy of this Privacy Notice:** You have the right to have a paper copy of this notice at any time. This notice is also available for your program on our website: <https://www.hpsm.org/privacy-policy.aspx>.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- **Right to Assign Someone to Represent You:** You have the right to give someone medical power of attorney, which allows that person to act on your behalf and make choices about your health information. This right also applies if you have a legal guardian. We will make sure that anyone who represents you has this authority before we take any action.
- **Right to Request Restrictions.** You have the right to request a restriction or limits on the use or disclosure of your health information.

In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use of information, disclosure of information, or both; and
- To whom you want the limits to apply.

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

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

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

Note: *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications.** You have the right to request that we contact you about medical matters privately and with special handling.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

That is, you can ask us to contact you in a specific way. For example, you can ask that we only contact you at work or by mail.

We will not ask you for the reason for your request. We will make every effort to accommodate reasonable requests. Your request must specify how or where you wish to be contacted. To request confidential communications or special handling in the way you are contacted, you must make your request in writing by sending your request to Health Plan of San Mateo's Privacy Officer. See page 111 for instructions.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures that we made of your health information. This list includes disclosures that we make for your treatment or our health plan operations, including payment for your care. It also includes most other disclosures that we are required or permitted to make without your authorization. For example, these include disclosures to governmental agencies that review our programs. To request this list, or accounting of disclosures, you must submit your request in writing by sending your request to Health Plan of San Mateo's Privacy Officer. See page 111 for instructions. Your request must be for a period not longer than three (3) years prior to the date of your request and may not include dates before April 14, 2003.
- **Right to Access Your Health Information.** You have the right to obtain a copy of certain health information that HPSM maintains in its records. In general, this includes health and billing (claims) records. You will have to contact your doctor for a copy of your medical record. To get a copy of health information that we maintain, you must submit your request in writing by sending your request to Health Plan of San Mateo's Privacy Officer. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days. See page 111 for instructions.

We may deny your request to obtain a copy in certain cases. If you are denied access to health information, we will tell you the reason why in writing. If denied access, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

- **Right to Receive Notice of a Breach.** A breach occurs when protected health information is obtained, used, or revealed in a way that violates relevant privacy laws. The health information must be unsecured, meaning that others could access the information. HPSM is required to inform you of any such incident within two (2) months of discovering that the privacy of your information has been violated. The Secretary, U.S. Department of Health & Human Services, and in certain circumstances the media, may also have to be notified.

The notice of the breach that you receive will include the following information: a description of what happened, the types of information that were involved in the breach, and the steps that you should take to protect yourself from potential harm. The notice will also tell you what HPSM is doing to investigate the situation and minimize harm to you, and to prevent breaches from occurring again.

- **Right to Amend Health and Claims Records.** You have the right to add a written comment that will be kept with your health information at HPSM. If you feel that health information we have about you is wrong or incomplete, you may ask us to amend the information. This is usually done if you disagree with the health information that we have on file for you. You have the right to request an amendment for as long as we maintain the information. To request an amendment, your request must be made in writing by sending your request to Health Plan of San Mateo's Privacy Officer. See page 111 for instructions.

We are not required to amend health information that:

- was not created by HPSM, unless the person that created the information is no longer available to make the amendment;
- is not part of the information we maintain;
- is not part of the information which you would be allowed to obtain a copy of; or
- is correct and complete.

If HPSM denies your request to amend your health information, we will notify you in writing. You will also receive a written explanation of why your request was denied.

For additional information about your privacy rights, please see the California Department of Health Services website at <https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for all health information we already have about you as well as any information we receive in the future. You can find the effective date of the Notice on the bottom of each page. In addition, each time there are changes to the notice, we will notify you through the mail within 60 days. We will also post a copy of the current notice on our website at www.hpsm.org/privacy-policy.aspx.

How to file a Grievance regarding your privacy rights

If you believe your privacy rights have been violated, you may file a grievance with the Health Plan of San Mateo. You may also contact the U.S. Department of Health and Human Services to file a complaint.

Health Plan of San Mateo

Attn.: Grievance & Appeal Unit
801 Gateway Blvd., Suite 100
South San Francisco, CA 94080
1-888-576-7557 or 650-616-2850

Secretary of the U.S. Department of Health and Human Services

Office of Civil Rights
Attn: Regional Manager
90 7th St., Suite 4-100
San Francisco, CA 94103
1-800-368-1019 or 1-800-537-7697 (TDD)

California Department of Health Care Services

Privacy Officer
c/o Office of Legal Services
1501 Capitol Avenue
P.O. Box 997413, MS0010
Sacramento, CA 95899-7413
1-916-445-4646 or 1-866-866-0602

You will not be penalized for filing a Grievance.

For requests pertaining to any of your rights as listed in this notice, please send written



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

requests to:

Health Plan of San Mateo

Attn.: Privacy Officer
801 Gateway Blvd., Suite 100
South San Francisco, CA 94080
650-616-0050

If you request a copy of your health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to withdraw or change your request at that time before it is processed.

If you have questions about this Notice, please contact Health Plan of San Mateo (HPSM) Member Services at 1-800-750-4776 Monday through Friday, 8:00 a.m. to 6:00 p.m. Members with hearing or speech impairments can call TTY 1-800-735-2929 or 7-1-1 California Relay Service (CRS).

Notice about laws

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

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

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

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

Federal and state laws require Medi-Cal members to report OHC and any changes to



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you don't report OHC quickly. Submit your OHC online at <https://dhcs.ca.gov/OHC>.

If you do not have access to the internet, you can report OHC to HPSM. Or call 1-800-541-5555 (TTY 1-800-430-7077 or 7-1-1; inside California), or 1-916-636-1980 (outside California).

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

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

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

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

Notice about estate recovery

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

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

Notice of Action

HPSM will send you a Notice of Action (NOA) letter any time HPSM denies, delays, terminates, or modifies a request for health care services. If you disagree with HPSM's decision, you can always file an appeal with HPSM. Go to the Appeals section above for



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

important information on filing your appeal. When HPSM sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.

Contents in notices

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

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

Translations

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

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

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

Benefit Coordination with Other Health Coverage

If you are covered by more than one health insurance plan, your benefits will be coordinated according to State and Federal regulations that Medi-Cal is the payer of last resort. If you would like more information about coordinating benefits, please call Member Services.

If you have other health insurance and Medi-Cal, your other insurance will be your primary insurance and Medi-Cal will be your secondary insurance. Your providers must bill your primary insurance first before they can bill HPSM.

You must follow your primary insurance's rules. If your primary insurance has its own contracted doctors and hospitals (provider network), you will have to use them. Contact your primary insurance if you are not sure about the insurance plan's benefits and its provider network. If you don't get care through your primary insurance's provider



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

network, your primary insurance may not pay for your care. And HPSM will not pay either. HPSM will not assign you to a PCP if you have primary other health coverage.

Your primary insurance may have co-pays (for example, \$10 every time you go to the doctor's office or fill prescriptions), co-insurance and/or deductibles. You will not have to pay the co-pays, coinsurance and/or deductibles if you have Medi-Cal as your secondary insurance. The doctor or pharmacy should bill HPSM for your co-pays, coinsurance and/or deductibles. If your doctor asks you for a payment, tell the doctor that you have Medi-Cal and the bill should be sent to HPSM. If your doctor or pharmacy charges you a copayment, please call Member Services. HPSM will pay up to the limitations of the Medi-Cal program.

If your other health insurance doesn't cover your prescriptions, you should go to a pharmacy in the Medi-Cal Rx network. You can find a Medi-Cal Rx pharmacy by calling **1-800-977-2273** (TTY **1-800-977-2273** and press **7** or **7-1-1**)

If you paid for a medication that should have been covered, ask the pharmacy to bill HPSM and give you a refund. If you have a question or a problem, call HPSM Member Services.

OHC Premium Payment Program (OHCPPP)

If you have other health insurance and HPSM Medi-Cal and have a chronic medical condition, you may be eligible for HPSM's OHC Premium Payment Program. Your other health insurance coverage must have started before you became an HPSM Medi-Cal member. If you qualify for the OHCPPP, HPSM will pay your health insurance premiums. For more information, call Member Services and ask to speak to the Premium Payment Coordinator.

HPSM will review your medical condition, insurance benefits, and health care costs to see if you qualify for the program. Decisions about OHC Premium Payment Program applications are made on a case-by-case basis and are reviewed annually.

You may be eligible for Medicare and Medi-Cal coverage if you:

- Are 65 years of age or older or



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- Have been disabled for two years or
- Have end stage renal disease (permanent kidney failure requiring dialysis or transplant).

Medicare usually pays for most of your medical care and prescription drugs, but not all. For example, Medicare only covers a limited number of days during a hospital stay. Medi-Cal will pay for hospital days that are not covered by Medicare.

There are three parts to Medicare:

- Medicare Part A pays for hospital stays
- Medicare Part B pays for outpatient services such as doctor visits, lab work and x-rays.
- Medicare Part D pays for prescription medicines.

If you have Medicare Parts A, B & D and Medi-Cal, Medicare is always primary and Medi-Cal is always secondary.

When you get health care services, make sure to show your providers both your Medicare card and your HPSM ID card.

Relationship Between Parties

The relationships between the San Mateo Health Commission (doing business as Health Plan of San Mateo) and Participating Providers are contractual relationships between independent contractors. Participating Providers are not agents or employees of HPSM nor is HPSM or any employee of HPSM an agent or employee of any Participating Provider.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

8. Important numbers and words to know

Important phone numbers

- HPSM member services 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1)
- Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273 and press 5 or 7-1-1)
- HPSM Nurse Advice Line toll free: 1-833-846-8773. Licensed registered nurses are available to respond to health-related questions and provide medical advice on what to do.

Words to know

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

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929). HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal/.

- Is considered by the Secretary of the Interior to be an Indian for any purpose, or
- Is determined to be an Indian under regulations issued by the Secretary of the Interior, or

- Is considered by the Secretary of the Interior to be an Indian for any purpose, or

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

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

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

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

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

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

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

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

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

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

Complaint: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, HPSM, a county mental health plan (Behavioral Health and Recovery Services (BHRS)), or a Medi-Cal provider. A complaint is the same as a



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

grievance.

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

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

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

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

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

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

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

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

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

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

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

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

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

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

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

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

Family planning services: Services to prevent or delay pregnancy.

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

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

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

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

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

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

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

Health Care Options (HCO): The program that can enroll or disenroll you from the health plan.

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

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from HPSM before you get care from an HPSM-contracted specialist. Your PCP must get pre-approval from HPSM before you get care from a non-HPSM contracted specialist.

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

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

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

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

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

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

Hospital outpatient care: Medical or surgical care performed at a hospital without



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

admission as an inpatient.

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

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

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

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

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

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

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

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

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

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

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

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

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

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

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

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

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

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

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

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

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

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

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

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

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

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

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

Plan: Go to "Managed care plan."

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

Pre-approval (prior authorization): The process by which you or your provider must



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

request approval from HPSM for certain services to make sure HPSM will cover them. A referral is not an approval. A preapproval is the same as prior authorization.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (“OTC”) drugs that do not require a prescription.

Primary care: Go to “Routine care.”

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

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

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

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

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).

HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.

Or call the California Relay Line at 7-1-1. Visit online at

www.hpsm.org/member/medi-cal/.

disaster preparedness and response, and occupational health.

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

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

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Routine care: Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

Sensitive services: Services related to mental or behavioral health, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, substance use disorder, sexual assault and abortions, gender affirming care, and intimate partner violence.

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

Service area: The geographic area HPSM serves. This includes the county of San Mateo.

Skilled nursing care: Covered services provided by licensed nurses, technicians or therapists during a stay in a skilled nursing facility or in a member's home.

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.

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

Subacute care facility (adult or pediatric): A long-term care facility that provides comprehensive care for medically fragile persons that need special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

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

Tort recovery: When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable value of benefits provided to the member for that injury.

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

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



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.



Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929).
HPSM is here Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free.
Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal/.



Healthy is for everyone



801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

tel 800.750.4776 toll-free

tel 650.616.0050 local

fax 650.616.0060

tty 800.735.2929 or dial 7-1-1

www.hpsm.org