HealthPlan OF SAN MATEO
Healthy is for everyone

Member Handbook

What you need to know about your benefits

Combined Evidence of Coverage (EOC) and Disclosure Form

Medi-Cal

23-30238
Last Updated: 10/29/2024

EN

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

HealthPlan OF SAN MATEO
Healthy is for everyone

What you need to know about your benefits

HPSM Combined Evidence of Coverage (EOC) and Disclosure Form

2025

San Mateo County

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages for free. 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.

Interpreter services

HPSM provides oral interpretation services, including sign language, 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 for free. Help is available 24 hours a day, 7 days a week. For help in your language, 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.

English: ATTENTION: If you need help in your language call **1-866-880-0606** (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 **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**). These services are free.

الشعار بالعربية (Arabic)يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ (**1-800-735-2929 or 7-1-1** :TTY) **1-866-880-0606**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1-**(TTY: **1-866-880-0606** **800-735-2929 or 7-1-1**). هذه الخدمات مجانية.

հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **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 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.

866-880-0606 (TTY: **1-800-735-2929 or 7-1-1**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**): Այդ ծառայություններն անվճար են:

<u>ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)</u> ចំណាំ៖ បើអ្នក ត្រូវការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

<u>中國人 (Chinese):</u> 请注意：如果您需要以您的母语提供帮助，请致电 **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**)。这些服务都是免费的。

<u>(Farsi) توجه: اگر می‌خواهید به زبان خود کمک مطلب به زبان فارسی:</u> دریافت کنید، با **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**) این تماس بگیرید. خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong): CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**). 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 **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**). Cov kev pab cuam no yog pab dawb xwb.

日本 (Japanese): 注意日本語での対応が必要な場合は**1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**)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。**1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**)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。

한국인 (Korean): 유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이

장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Lao): ປະກາດ:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien: LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

Português (Portuguese): ATENÇÃO: se precisar de ajuda em seu idioma, ligue para **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**). Auxílios e serviços para pessoas com deficiência, como documentos em braille e letras grandes, também estão disponíveis. Ligue para**1-866-**

880-0606 (TTY: **1-800-735-2929 or 7-1-1**). Tais serviços são gratuitos.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-866-880-0606 (**TTY**: 1-800-735-2929 or 7-1-1)**. ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ **1-866-880-0606 (**TTY**:1-800-735-2929 or 7-1-1)**.ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский (Russian): ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-866-880-0606 (TTY: 1-800-735-2929 or 7-1-1)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-866-880-0606** (линия **1-800-735-2929 or 7-1-1)**. Такие услуги предоставляются бесплатно.

Español (Spanish): ATENCIÓN: si necesita ayuda en su idioma, llame al **1-866-880-0606** (TTY: **1-800-735-3000 or 7-1-1**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-866-880-0606** (TTY: **1-800-735-3000 or 7-1-1**). Estos servicios son gratuitos.

Tagalog: ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento

sa braille at malaking print. Tumawag sa **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**). Libre ang mga serbisyong ito.

แบบไทย (Thai): โปรดทราบ:
หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

українською (Ukrainian): УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-866-880-0606** (TTY:**1-800-735-2929 or 7-1-1**). 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 **1-866-880-0606** (TTY: **1-800-735-2929 or 7-1-1**). Các dịch vụ này đều miễn phí.

Welcome to HPSM!

Thank you for joining 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 benefits, 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. This EOC and Disclosure Form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage. To learn more, call HPSM at 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 the California Department of Health Care Services (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 for free. 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 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

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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
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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 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 you have any questions about your Medi-Cal eligibility, call the San Mateo County

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 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.

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 enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 7-1-1). Or go to http://www.healthcareoptions.dhcs.ca.gov/

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

You may be able to get Transitional Medi-Cal if you started earning more money and you no longer qualify for Medi-Cal.

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

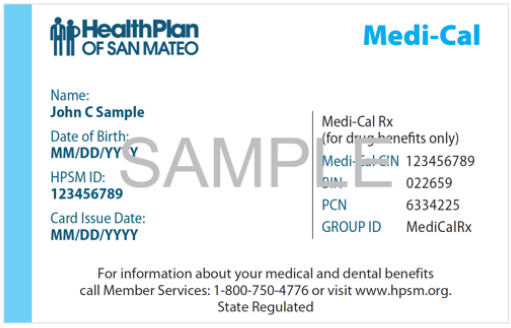
http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

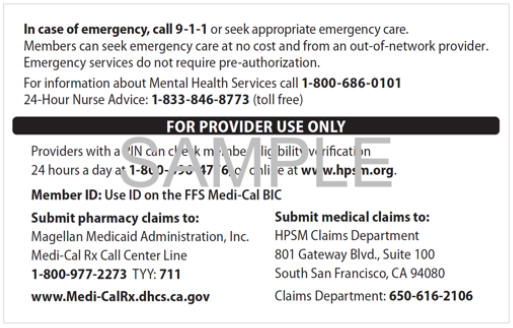
Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 7-1-1).

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 Identification (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 Medi-Cal BIC card is the benefits identification card sent to you by the State of California. You should always carry all health cards with you. Your Medi-Cal BIC and HPSM 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 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 HPSM ID card is damaged, lost, or stolen, call member services right away. HPSM will send you a new card for free. 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. If you do not have a Medi-Cal BIC card or if your card is damaged, lost, or stolen, call the local county office. To find your local county office, go to http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

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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 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 these counties: 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 enroll in HPSM, we will send your HPSM Identification (ID) card within two weeks of your enrollment date. You must show both your HPSM ID card and your Medi-Cal Benefits Identification Card (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 pre-populated Medi-Cal renewal form. Complete this form and return it to your local county office. You can return your information in person, by phone, by mail, online, or by other electronic means available in your county.

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

HPSM Medi-Cal coverage may end if any of the following is true:

- You move out of San Mateo County

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 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 no longer have Medi-Cal
- You are in jail or prison

If you lose your HPSM Medi-Cal coverage, you may still qualify for FFS Medi-Cal coverage. If you are not sure if you are still covered by HPSM, 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 providers in the HPSM service area 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 during office hours, how to request free interpreting and translation services or written information in alternative formats, and how to find out if you qualify for transportation services.

To learn more, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). You can also find member service information 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 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.

Changing health plans

You can leave HPSM and join another health plan in your county of residence at any time if another health plan is available and is subject to meet certain criteria. To choose a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 7-1-1). You can call between 8 a.m. and 6 p.m. Monday through Friday. Or go to https://www.healthcareoptions.dhcs.ca.gov.

It takes up to 30 days or more to process your request to leave HPSM and enroll in another plan in your county. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 7-1-1).

If you want to leave HPSM sooner, you can call Health Care Options to ask for an expedited (fast) disenrollment.

Members who can request expedited disenrollment include, but are not limited to, children getting services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.

You can ask to leave HPSM by contacting your local county office. Find your local county office at:

http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 7-1-1).

Students who move to a new county or out of California

You can get emergency care and urgent care anywhere in the United States, including the United States 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 HPSM. 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.

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 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 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 plans. HPSM only operates in San Mateo County. For questions and to prevent delay in joining a 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 San Mateo County.

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 the San Mateo County Human Services Agency. As long as you qualify, Medi-Cal will cover emergency services and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico.

Routine and preventive care services, including prescription drugs relating to these services, are not covered when you are outside of California. You will not qualify for Medi-Cal coverage for those out-of-state services. 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 emergency care requiring hospitalization in 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 network, read HPSM Provider

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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 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.

Directory. You can find the HPSM Provider Directory online at www.hpsm.org/member/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 Medi-Cal to managed care, or you had a provider who was in network but is now outside the 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 who 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).

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 to 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 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.

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 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 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 up to 12 months from the coverage start or the date the provider's contract ends with HPSM
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 medical issue)	For as long as your illness lasts. You may still get services for more than 12 months from the date you enrolled with HPSM or the time the provider stops working with HPSM
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	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

For other conditions that might qualify, call Member Services.

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

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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 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 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 not covered under HPSM's contract with DHCS. To learn more about continuity of care, eligibility, and available services, call Member Services.

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, deductibles, co-pays, cost sharing, or other similar charges. HPSM 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 County Children's Health Initiative 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/member/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. Each month, you will pay 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 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.

own health care bills, including but not limited, to Long-Term Services and Supports (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 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/provider/incentive-payments/incentive-payments-for-primary-care-providers.

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 any Medi-Cal covered services, do not pay the bill. Call member services right away at Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). HPSM will help you figure out if the bill is correct.

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:

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 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.

- 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 while you were 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, or someone on your behalf, 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 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

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 card 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/member/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 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.

Your PCP will:

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

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 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/member/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. However, 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 getting a PCP change.

Some things to think about when picking a PCP:

- Does the PCP take care of children?

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- 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 your first health appointment, called an Initial Health Appointment (IHA). The purpose of the first health appointment 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 first health appointment, tell the person who answers the phone that you are a member of HPSM. Give your HPSM ID number.

Take your Medi-Cal BIC card 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 your first health appointment, 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 check-ups, screenings, immunizations, health education, and counseling.

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

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Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal.

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 check-ups, immunizations (shots), treatment, prescriptions, required screenings, and medical advice
- Keep your health records
- Refer you to specialists if needed
- Order X-rays, mammograms, or lab work if you need them

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

To learn more about health care and services HPSM 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 in-network 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 through 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

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Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal.

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 “Moral objection” 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/member/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 emergency room.
- 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).

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 providers that do not have an agreement to work with HPSM. Except for emergency care, family care, sensitive care, and care pre-approved

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Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal.

by HPSM, you might have to pay for any care you get from out-of-network providers in your service area.

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 for free. 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 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. To learn more about being paid back, read Chapter 2, “About your health plan” in this handbook.

If you are in another state or are in a United States Territory such as American Samoa,

Call member services at 1-800-750-4776 (TTY 1-800-735-2929).
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Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal.

Guam, Northern Mariana Islands, Puerto Rico, or United States 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.

The 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 for free. 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 HPSM representative, call the HPSM 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.

How managed care works

HPSM is a managed care health plan. HPSM provides care to members who live in San Mateo County. In managed care, your PCP, specialists, clinic, hospital, and other providers work together to care for you.

HPSM contracts with medical groups to provide care to HPSM members. A medical group is made up of doctors who are PCPs and specialists. The medical group works with other providers such as laboratories and durable medical equipment suppliers. The medical group is also connected with a hospital. Check your HPSM ID card for the names of your PCP, medical group, and hospital.

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Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal.

When you join HPSM, you choose or are assigned to a PCP. Your PCP is part of a medical group. Your PCP and medical group direct the care for all of your medical needs. Your PCP may refer you to specialists or order lab tests and X-rays. If you need services that require pre-approval (prior authorization), HPSM or your medical group will review the pre-approval (prior authorization) and decide whether to approve the service.

In most cases, you must go to specialists and other health professionals who work with the same medical group as your PCP. Except for emergencies, you must also get hospital care from the hospital connected with your medical group.

Sometimes, you might need a service that is not available from a provider in the medical group. In that case, your PCP will refer you to a provider who is in another medical group or is outside the network. Your PCP will ask for pre-approval (prior authorization) for you to go to this provider.

In most cases, you must have prior authorization from your PCP, medical group, or HPSM before you can go to an out-of-network provider or a provider who is not part of your medical group. You do not need pre-approval (prior authorization) for emergency services, family planning services, or in-network mental health services.

Members who have both Medicare and Medi-Cal

Members who have both Medicare and Medi-Cal and are enrolled in Health Plan of San Mateo CareAdvantage D-SNP plan will have access to providers who are part of their Medicare coverage as well as providers who are included in the Medi-Cal plan coverage. CareAdvantage D-SNP members should refer to CareAdvantage D-SNP EOC and provider directory for information about benefits, services, and providers offered by CareAdvantage D-SNP plan. For more information, please call the CareAdvantage Unit at 1-877-356-1080 (TTY 1-800-735-2929 or 7-1-1) or visit www.hpsm.org/careadvantage.

Doctors

You will choose a doctor or other provider from the HPSM Provider Directory as your PCP. The PCP 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 find it online at www.hpsm.org/member/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

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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 emergency room.

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 preventative and 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 Line at 1-833-846-8773.

For family planning services, your provider does not have to be in the HPSM provider network. You can choose any Medi-Cal provider and go to them without a referral or pre-approval (prior authorization). For help finding a Medi-Cal provider outside the HPSM provider network, call Member Services at 1-800-750-4776.

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 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, nurse practitioners, nurse midwives, physician assistants, family planning providers, FQHCs, 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 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, professional qualifications, residency completion, 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/member/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 7-1-1.

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 shown 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

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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	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. You can choose to wait for a later appointment or call HPSM to go to another provider of your choice. Your provider and HPSM will respect your wish.

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HPSM is here Monday through Friday, 8:00 a.m. to 6 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 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, including sign language, when you call HPSM or when you get covered services. Interpreter services are available for free. 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/member/choose-a-provider/find-a-provider. Or call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 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.

If you need care from a provider located far from where you live, call member services at 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, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 7-1-1.

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 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 Medi-Cal BIC card 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 HPSM 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 for free.

If you are having an emergency, call **9-1-1**. Transportation is available for services and appointments not related to emergency care.

To learn more, read "Transportation benefits for situations that are not emergencies" later in this chapter.

Canceling and rescheduling

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

Payment

You do **not** have to pay for covered services unless you have a share of cost for long-

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Or call the California Relay Line at 7-1-1. Visit online at www.hpsm.org/member/medi-cal.

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 card 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 you are being charged, the date of service, and the reason for the bill. HPSM will help you figure out if the bill was for a covered service or not. You do not need to pay providers for any amount owed by HPSM for any covered service. If you get care from an out-of-network provider and you did not get pre-approval (prior authorization) from HPSM, you might have to pay for the care you got.

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 to a county mental health plan provider without pre-approval (prior authorization)

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 do not 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, you can file a claim form with HPSM. You will need to tell HPSM in writing about the item or service you paid for. HPSM will read your claim and decide if you can get money back.

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.

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

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 ask to be paid back for Medicare Part D 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” earlier in this chapter. 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. Having a standing referral 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 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

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 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.

- 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 a parent or guardian's consent. To learn more, read "Minor consent services" later 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 the out-of-network center 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.

Ready to quit smoking? To learn about 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 care
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility (including adult and pediatric Subacute Care Facilities contracted with the Department of Health Care Services Subacute Care Unit) or intermediate care facilities (including Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), ICF/DD-Nursing (ICF/DD-N))
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency

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

HPSM has 5 business days from when HPSM gets the information reasonably needed to decide (approve or deny) pre-approval (prior authorization) requests. When a pre-approval (prior authorization) request is made by a provider and 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 a pre-approval (prior authorization) decision in no longer than 72 hours. This means that after getting the request for pre-approval (prior authorization), HPSM will give you notice as quickly as your health condition requires and no later than 72 hours or 5 days after the request for services. 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.

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 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 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 HPSM 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. 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. If you want to get a second opinion, we will refer you to a qualified in-network provider who can give you one.

To ask for a second opinion and get help choosing a provider, call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Your in-network provider can also help you get a referral for a second opinion if you want 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 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.

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 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

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:

- Services for rape and other sexual assaults
- Pregnancy testing and counseling
- Contraception services such as birth control (excludes sterilization)
- Abortion services

If you are 12 years old or older, you can get these services without your parent or guardian's permission:

- Outpatient mental health services and counseling, or residential shelter services, based on your maturity and ability to participate in your own health care
- HIV/AIDS counseling, prevention, testing, and treatment
- Sexually transmitted infection prevention, testing, and treatment including sexually transmitted diseases like syphilis, gonorrhea, chlamydia, and herpes simplex
- Substance use disorder treatment for drug and alcohol abuse including screening, assessment, intervention, and referral services
  - To learn more, read "Substance use disorder treatment services" in Chapter 4 of this handbook.

For pregnancy testing, contraception services, or services for sexually transmitted infections the provider 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).

Services from an out-of-network provider that are not related to sensitive care may not be covered. To find a Medi-Cal provider who is outside the HPSM Medi-Cal network, or to ask for transportation help to get to a provider, call 1-800-750-4776. For more information related to contraceptive services, read "Preventive and wellness services and chronic disease management" in Chapter 4 of this handbook.

For minor consent services that are outpatient mental health services, you can go to an in-network or out-of-network provider without a referral and without pre-approval (prior authorization). 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.

HPSM does not cover minor consent services that are specialty mental health 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 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.

The county mental health plan for the county where you live covers minor consent services that are specialty mental health services. For specialty mental health services, call your county mental health plan or your HPSM Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to: http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

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

If you are able to consent to your own care without the consent of a parent or guardian under the law, HPSM will not give information on your sensitive care services to your HPSM plan policyholder or primary subscriber or to any HPSM enrollees without your written permission. You can also ask to get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. 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 do not have 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 and other pregnancy-related services
- 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 give information on your sensitive care services to your HPSM plan policyholder or primary subscriber, or to any HPSM enrollees, without your written permission. You can get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to request confidential communications related to sensitive services, read

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 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 of privacy practices" in Chapter 7 of this handbook.

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. These services are still available to you from another provider. 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. Ask if the provider can and will provide the services you need. Or call HPSM at Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

These services are available to you. HPSM will make sure you and your family members can use providers (doctors, hospitals, and clinics) who will give you the care you need. If you have 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 the Nurse Advice Line

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 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 1-833-846-8773 to learn the level of care that is best for 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

When you are inside HPSM's service area and need urgent care, you must get the urgent care services from an in-network provider. 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 outside the service area. 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 your county mental health plan (San Mateo County Behavioral Health and Recovery Services (BHRS)) ACCESS call center at 1-800-686-0101 (TTY 7-1-1) or Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Call your county mental health plan (San Mateo County Behavioral Health and Recovery Services (BHRS)) ACCESS call center at 1-800-686-0101 (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: http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

If you get medicines as part of your covered urgent care visit while you are there, HPSM will cover them as part of your covered visit. If your urgent care provider gives you a prescription that you need 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 of this handbook.

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.

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 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.

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

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 do not 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

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. You do not need to ask your PCP or HPSM before you go to the ER. However, 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 outside the HPSM service area, 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**.

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

If you or someone you know is in crisis, please contact the 988 Suicide and Crisis Lifeline: **Call or text 988** or **chat online at 988lifeline.org/chat**. The 988 Suicide and

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 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.

Crisis Lifeline offers free and confidential support for anyone in crisis. That includes people who are in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis.

Remember: Do not call **9-1-1** unless you reasonably believe you have a medical emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **9-1-1** or go to the nearest ER.

HPSM Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call 1-833-846-8773 (TTY 1-800-735-2929 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 at 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 health care directives

An advance health care directive, or advance 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 also list what health 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.

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

You have the right to learn about changes to advance directive laws. 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 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 benefits and services your health plan covers

This chapter explains benefits and services covered by HPSM. Your covered services are free as long as they are medically necessary and provided by a HPSM in-network provider. You must ask HPSM 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” in this handbook.

Some of the basic health benefits and services HPSM offers are listed below. Benefits and services 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 services
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning services (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Intermediate care facility services
- 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, including subacute 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” in this handbook.

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 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 age 21, a service is medically necessary if it is necessary to correct or improve defects and physical and mental illnesses or conditions under the Medi-Cal for Kids and Teens (also known as 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 do not have clinical guidelines**
- **Services for caregiver or provider convenience**

HPSM coordinates with other programs to be sure you 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 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, screening, immunizations, diagnostic services, treatment, and other measures to correct or improve defects and physical and mental illnesses and conditions, the Medi-Cal for Kids and Teens benefit requires. This benefit is known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Medi-Cal for Kids and Teens provides prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under 21 years old. Medi-Cal for Kids and Teens 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 goal of Medi-Cal for Kids and Teens 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” later in this chapter.

Medi-Cal benefits covered by HPSM

Outpatient (ambulatory) services

Adult immunizations (shots)

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

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

Allergy care

HPSM covers allergy testing and treatment, including allergy desensitization, hypo-

sensitization, or immunotherapy.

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 who 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. Limits do not apply to children under age 21. 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 of a 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. CHW services have no service location limits and members can receive services in settings, such as the emergency department. Services may include:

- Health education and individual support or advocacy, including control and prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and violence or injury prevention
- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management
- Health navigation, including providing information, training, and support to help get health care and community resources
- Screening and assessment services that help connect a member to services to improve their health.

CHW violence prevention services are available to members who meet any of the following circumstances as determined by a licensed practitioner:

- The member has been violently injured as a result of community violence.
- The member is at significant risk of experiencing violent injury as a result of community violence.
- The member has experienced chronic exposure to community violence.

CHW violence prevention services are specific to community violence (e.g., gang violence). CHW services can be provided to members for interpersonal/domestic violence through the other pathways with training/experience specific to those needs.

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 provided by in-network doula providers during a member's pregnancy; during labor and delivery, including stillbirth, miscarriage, and abortion; and within one year of the end of a member's pregnancy. Medi-Cal does not cover all doula services.

Doula providers 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, stillbirth, miscarriage, and

abortion.

As a preventive benefit, doula services require a written recommendation from a physician or other licensed practitioner of the healing arts within their scope of practice. DHCS issued a standing recommendation for doula services that fulfills the requirement for an initial recommendation. The initial recommendation for doula services includes the following authorizations:

- One initial visit
- Up to 8 additional visits that can be a mix of prenatal and postpartum visits
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage
- Up to 2 extended 3-hour postpartum visits after the end of a pregnancy

Members may receive up to nine additional postpartum visits with an additional written recommendation from a physician or other licensed practitioner.

HPSM must coordinate for out-of-network access to doula services for members if an in-network doula provider is not available.

Dyadic 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 the 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 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
- Care coordination
- Certified Nurse Midwife (CNM)
- Counseling
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Licensed Midwife (LM)
- Maternal mental health services
- Newborn care
- Nutrition education
- Pregnancy-related health education
- Prenatal care
- Social and mental health assessments and referrals
- Vitamin and mineral supplements

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider 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)

For help finding more information on mental health services provided by HPSM, call the San Mateo County Behavioral Health and Recovery Services (BHRS) ACCESS Call Center at 1-800-686-0101 (TTY 7-1-1). The Access Call Center will ask members several questions and will connect them to the right system of care.

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 (San Mateo County Behavioral Health and Recovery Services (BHRS) to get the care you need. HPSM and BHRS Access Call Center will work collaboratively to ensure you receive appropriate care. To learn more, read Chapter 4, “Other Medi-Cal programs and services” under Specialty mental health services in this handbook.

Emergency care services

Inpatient and outpatient services needed to treat a medical emergency

HPSM covers all services needed to treat a medical emergency that happens in the United States (including territories such as Puerto Rico, United States 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 any of the following:

- 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 Rx will cover that prescription.

If you need an emergency supply of a medication from an outpatient pharmacy while traveling, Medi-Cal Rx will be responsible for covering the medication, 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 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 curative (healing) 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 six months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational, or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Some drugs and biological services (some may be available through Medi-Cal Rx)
- Counselling services

Call member services at 1-800-750-4776 (TTY 1-800-735-2929).
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Or call the California Relay Line at 7-1-1. Visit online at
www.hpsm.org/member/medi-cal.

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

HPSM may require that you get hospice care from an in-network provider unless medically necessary services are not available in-network.

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
- Palliative 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 (curative) 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.

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 1 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 1 year of age or younger.

Surgical services

HPSM covers medically necessary surgeries performed in a hospital.

Extended postpartum coverage

HPSM covers full-scope coverage for up to 12 months after the end of the pregnancy regardless of citizenship, immigration status, changes in income, or how the pregnancy ends.

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

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. 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 two services per month(limits do not apply to children under age 21). 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 Medi-Cal for Kids and Teens 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 member 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 HPSM, 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 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 earlier 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 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 hearing aid that meets your medical needs. HPSM will cover one hearing aid unless a hearing aid for each ear is needed for better results than what you

can get with one hearing 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, HPSM will cover the following for each covered hearing aid:

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

Under Medi-Cal, HPSM 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** cover:

- 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

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 Medi-Cal Rx, part of Fee-for-Service (FFS) Medi-Cal, and not by HPSM. When Medi-Cal Rx 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 (limits do not apply to children under age 21). 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 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.

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 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.

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. Limits do not apply to children under age 21. 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, including clinical trials for cancer, listed for the United States at https://clinicaltrials.gov. Medi-Cal Rx, part of FFS Medi-Cal, covers most outpatient prescription drugs. To learn more, read “Outpatient prescription drugs” later 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

HPSM covers:

- Advisory Committee for Immunization Practices (ACIP) 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

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 Food and Drug Administration (FDA). HPSM's PCP and OB/GYN specialists are available for family planning services.

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

Chronic disease management

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

- Diabetes
- Cardiovascular disease

- Asthma

For preventive care information for members under age 21, read Chapter 5, “Child and youth well care” in this handbook.

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 services” later in this chapter.

Vision benefits

HPSM covers:

- A 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 if you have vision impairment that impacts your ability to perform everyday activities (such as age-related macular degeneration) and standard glasses, contact lenses, medicine, or surgery cannot correct your visual impairment.
- 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, train, or taxi to get to your appointments for medical care. 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 submitting 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 need. Your doctor will need to re-assess your medical need for medical transportation and, if appropriate, re-approve your prescription for medical transportation when it expires, if you still qualify. Your doctor may re-approve the medical transportation for up to 12 months or less.

Medical transportation is transportation in 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:

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 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.

- 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 car, bus, train, or taxi 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 day (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible. Have your HPSM 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. The list of covered services is in the "Benefits and services" section in Chapter 4 of this 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 HPSM 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.

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, for free, 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

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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 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.

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 Logistics (AL) at 1-844-856-4389 at least two (2) business days (Monday-Friday) before your appointment, or as soon as you can when you have an urgent appointment. Have your HPSM 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 AL.

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.

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

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) or American Logistics (AL) at 1-844-856-4389.

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 get 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 appointments 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. These travel expenses 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) or American Logistics (AL) at 1-844-856-4389.

HPSM Dental services

Your Medi-Cal dental services are provided by Health Plan of San Mateo. If you are a Health Plan of San Mateo member, and need help finding a dentist, or need help getting dental services, you can call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). If you are a Kaiser Foundation Health Plan member, and need help finding a dentist, or want to learn more about dental services, call the Medi-Cal Dental Telephone Service Center at 1-800-322-6384 (TTY 1-800-735-2922 or 7-1-1). Or go to the Medi-Cal Dental website at https://www.dental.dhcs.ca.gov or https://smilecalifornia.org/.

HPSM Dental covers dental services, including:

- 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 planing
- Complete and partial dentures

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 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.

- Orthodontics for children who qualify
- Preventative treatment
- Topical fluoride

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
- Outpatient services
- *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)

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 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.

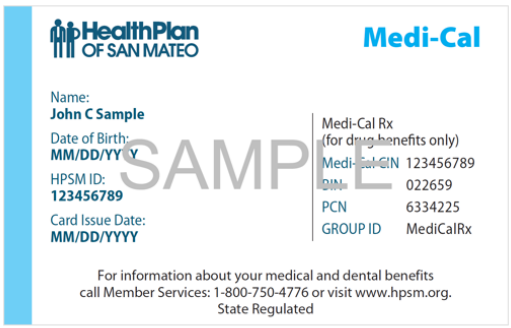
*Sedation and general anesthesia should be considered when it is documented why local anesthesia is not appropriate or contraindicated, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

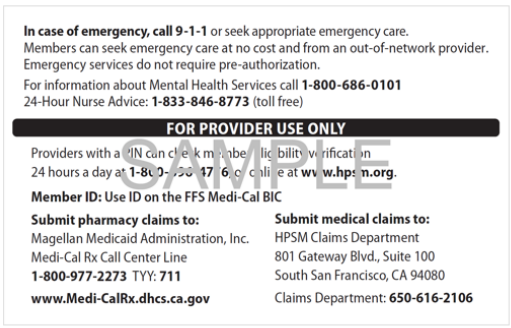
Contraindications include, but are not limited to:

- 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/.

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 www.hpsm.org/member/hpsm-dental. 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.

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 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)
  - 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 for free. 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 systems. Here are some ways HPSM can help you:

- 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 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 emergency department, 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.

If you are enrolled in CCM or Enhanced Care Management (read below), HPSM will make sure you have an assigned care manager who can help with basic care management described above and with other transitional care supports 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 doctors and other 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. They will talk to you and your doctors, specialists, pharmacists, case managers, social services providers, and others. They make sure everyone works together to get you the care you need. Your lead care manager can also help you find and apply for other services in your community. ECM includes:

- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion

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 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.

- 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 qualify to get certain Community Supports services, if applicable. 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 for and agree to receive these services, they might help you live more independently. They do not replace benefits you already get under Medi-Cal.

Examples of Community Supports HPSM 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, community settings. Assisted living facilities can include Residential Care Facilities for the Elderly (RCFEs) and Adult Residential Facilities (ARFs).

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 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.

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.

Asthma Remediation: Provides physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization. Services are available in a home that is owned, rented, leased, or occupied by the Member or their caregiver.

Who is eligible for Community Supports

Members are eligible for Community Supports 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 Community Supports.

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 (TTY 1-800-735-2929 or 7-1-1). Or call your health care provider.

Major organ transplant

Transplants for children under age 21

If the child does not qualify for CCS, HPSM will refer the child to a qualified transplant

center for an evaluation. If the transplant center confirms that a transplant is safe and needed for the child's medical condition, HPSM will cover the transplant and other related services.

In San Mateo County, HPSM must refer CCS-eligible children to a CCS-approved facility for an evaluation within 72 hours of when the child's doctor or specialist identifies the child as a potential candidate for transplant. If the CCS-approved facility 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
- Small bowel

Other Medi-Cal programs and services

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

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, which is part of FFS Medi-Cal. HPSM might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office or infusion center, these may be 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 of this handbook.

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. 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 pressing 7 or 7-1-1.

Once you choose a pharmacy, your provider can send a prescription to your pharmacy electronically. Your provider may also give you a written prescription to take to your pharmacy. Give the pharmacy your prescription with your Medi-Cal Benefits

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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 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.

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 (SMHS)

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

Outpatient services:

- Mental health services
- 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 years old
- Intensive care coordination (ICC) covered for members under 21 years old
- Intensive home-based services (IHBS) covered for members under 21 years old
- Therapeutic foster care (TFC) covered for members under 21 years old
- Mobile crisis services
- 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 SMHS 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, go to dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. If HPSM finds you will need services from the county mental health plan, HPSM will help you connect with the county mental health plan 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 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.

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 Medications for Addiction Treatment or MAT) such as buprenorphine, methadone, and naltrexone.

The county 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).

Whole Child Model (WCM) program

The WCM program provides medically necessary services and equipment for California Children's Services (CCS) and non-CCS medical conditions. WCM provides case management and care coordination for primary specialty and behavioral health services for CCS and non-CCS conditions. WCM operates in certain counties. CCS is a state program that treats children under 21 years of age with certain health conditions,

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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 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.

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 refer you to the county CCS program to be assessed for eligibility. County CCS 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.

CCS does not cover all health conditions. However, WCM will cover medically necessary services.

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

To learn more about WCM, go to https://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx or call 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” in this handbook.

If your transportation or travel expenses that you paid for yourself are found necessary and HPSM verifies that you tried to get transportation through HPSM, you can get paid

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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 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.

back from HPSM. We must pay your back within 60 calendar days of the date you submit 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.

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

California's 6 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. Some 1915(c) waivers have limited availability across the State of California and/or may have a waitlist. The 6 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) 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 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 as an alternative to out-of-home care to qualified Medi-Cal-eligible persons,

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 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 those who are aged, blind, and/or disabled. IHSS allows recipients to stay safely in their own homes. Your health care provider must agree that you need in-home personal care assistance and that you would be at risk of placement in out-of-home care if you did not get IHSS services. The IHSS program will also perform a needs assessment.

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:

- In vitro fertilization (IVF) including, but not limited to infertility studies or procedures to diagnose or treat infertility
- Fertility preservation
- Experimental services
- Vehicle modifications
- Cosmetic surgery

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 devises 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.

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 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.

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 103 for information on how to request an IMR.

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.

Medi-Cal for Kids and Teens

Members under 21 years old are covered for needed care for free. 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 (SMHS) are covered by the county)
- Adverse childhood experiences (ACE) screening
- Enhanced Care Management (ECM) for Children and Youth Populations of Focus (POFs) (a Medi-Cal managed care plan (MCP) benefit)
- 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)
- Home Health Services, such as private duty nursing (PDN), occupational therapy, physical therapy, and medical equipment and supplies

These services are called Medi-Cal for Kids and Teens (also known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)) services. Additional information for members regarding Medi-Cal for Kids and Teens can be found here,

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 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://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Member-Information.aspx. Medi-Cal for Kids and Teens services that are recommended by pediatricians' Bright Futures guidelines to help you, or your child, stay healthy are covered for free. To read the Bright Futures guidelines, go to https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Enhanced Care Management (ECM) is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP members with complex needs. Because children and youth with complex needs are often already served by one or more case managers or other service providers within a fragmented delivery system, ECM offers coordination between systems. Children and Youth Populations of Focus eligible for this benefit include:

- Children and Youth Experiencing Homelessness
- Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
- Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
- Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
- Children and Youth Involved in Child Welfare

Additional information on ECM can be found here: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Children-And-Youth-POFs-Spotlight.pdf

In addition, ECM Lead Care Managers are strongly encouraged to screen ECM members for needs for Community Supports services provided by MCPs as cost-effective alternatives to traditional medical services or settings—and refer to those Community Supports when eligible and available. Children and youth may benefit from many of the Community Supports services, including asthma remediation, housing navigation, medical respite, and sobering centers.

Community Supports are services provided by Medi-Cal managed care plans (MCPs) and are available to eligible Medi-Cal members regardless of whether they qualify for ECM services.

More information on Community Supports can be found here: https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf

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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 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.

Some of the services available through Medi-Cal for Kids and Teens, such as PDN, are considered supplemental services. These are not available to Medi-Cal members ages 21 and older. To keep getting these services for free, you or your child may have to enroll in a 1915(c) Home and Community-Based Services (HCBS) waiver or other Long-Term Services and Supports (LTSS) on or before turning the age of 21. If you or your child is getting supplemental services through Medi-Cal for Kids and Teens and will be turning 21 years of age soon, contact HPSM to talk about choices for continued care.

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 immunizations (shots) you or your child need. HPSM must make sure all enrolled children are up to date with all the immunizations (shots) they need when they have their visits with their doctor. Preventive care services and screenings are available for free 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 immunizations (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

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 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.

- 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 check-up or screening, you or your child might need to get further medical care. HPSM will cover that care for free, including:

- Doctor, nurse practitioner, and hospital care
- Immunizations (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 24 and 72 months of age if they were not tested earlier. Children can get a blood lead screening if a parent or guardian requests one. 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

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 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 coordinate care for services available through Fee-for-Service (FFS) Medi-Cal, such as:
  - Treatment and rehabilitative services for mental health and substance use disorders
  - Treatment for dental issues, including orthodontics

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

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 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 may be able to make a custom plan that will best help your child.

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 do not 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 HPSM 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 DMHC 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** (TDD **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 a.m. to 5 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 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 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 report incorrect information about your health insurance, call Medi-Cal Monday through Friday, 8 a.m. to 5 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 by mail, or online. Your authorized representative or provider can also file a complaint for you with your permission.

- **By phone:** Call HPSM Member Services 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 Member Services 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/member/medi-cal.

If you need help filing your complaint, we can help you. We can give you free 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, HPSM 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.

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

1-1).

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, HPSM does not respond to you within the 72-hour period, or if you are unhappy with HPSM's decision.

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 pressing 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** (TDD **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 HPSM 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 HPSM. If we decided to reduce, suspend, or stop a service you are getting now, you can continue getting that service 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 service will stop, whichever is later. When you request an appeal under these circumstances, your service will continue while you wait for your appeal decision.

You can file an appeal by phone, in writing by mail, 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 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 Member Services 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 Member Services 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/member/medi-cal.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you free language services. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

Within 5 days of getting your appeal, HPSM 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 to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if your issues do not qualify for an IMR, even if the State Hearing has already happened.

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.

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 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.

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

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

- Ask for a **State Hearing** from the California Department of Social Services (CDSS) and a judge will review your case. CDSS' toll-free telephone number is 1-800-743-8525 (TTY1-800-952-8349). You can also ask for a State Hearing online at https://www.cdss.ca.gov. More ways of asking for a State Hearing can be found in "State hearings" later in this chapter.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have HPSM's decision reviewed. 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** (TDD **1-877-688-9891**). You can find the IMR/Complaint form and instructions online at 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 to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

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. To submit complaints and appeals about Medi-Cal Rx pharmacy benefits, call 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) with DMHC.

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.

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 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.

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 HPSM reviews your case. If you want an IMR, you must first file an appeal with HPSM for non-urgent concerns. If you do not hear from HPSM within 30 calendar days, or if you are unhappy with HPSM'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 to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

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 **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 California Department of Social Services (CDSS). The judge will help to resolve your problem and decide whether HPSM made the correct decision or not. You have the right to ask for a State Hearing if you already asked for an appeal with HPSM 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, callTTY 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 HPSM 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:

- **By phone:** Call CDSS' State Hearings Division at 1-800-743-8525

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 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.

(TTY 1-800-952-8349 or 7-1-1)

- **By mail**: Fill out the form provided with your appeals resolution notice and mail it to:

  California Department of Social Services
  State Hearings Division
  P.O. Box 944243, MS 09-17-433
  Sacramento, CA 94244-2430

- **Online:** Request a hearing online at **www.cdss.ca.gov**
- **By email:** Fill out the form that came with your appeals resolution notice and email it to **Scopeofbenefits@dss.ca.gov**
  - Note: If you send it by email, there is a risk that someone other than the State Hearings Division could intercept your email. Consider using a more secure method to send your request.
- **By Fax:** Fill out the form that came with your appeals resolution notice and fax it to the State Hearings Division at 916-309-3487 or toll free at 1-833-281-0903

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1).

At the hearing, you will tell the judge why you disagree with HPSM's decision. HPSM will tell the judge how we made our decision. 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 1-800-822-6222 or submitting a complaint online at https://www.dhcs.ca.gov/.

Provider fraud, waste, and abuse 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 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.

- Falsifying medical records
- Prescribing more medicine than is medically necessary
- Giving more health care services than is 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 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 there is no medical appointment or prescriptions to pick up

To report fraud, waste, or 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 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:

- 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 such as medical history, mental and physical condition or treatment, and reproductive or sexual health
- To be provided with information about the health plan and its services, including covered services, providers, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about HPSM's member rights and responsibilities policy
- To be able to choose a primary care provider within HPSM's network
- To have timely access to network providers
- To participate in decision making with providers regarding your own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care you got
- To know the medical reason for HPSM's decision to deny, delay, terminate (end), or change a request for medical care
- To get care coordination
- To ask for an appeal of decisions to deny, defer, or limit services or benefits
- To get free interpreting and translation services for your language
- To get free legal help at your local legal aid office or other groups
- To formulate advance directives
- To ask for a State Hearing if a service or benefit is denied and you have already filed

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 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 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
- To disenroll (drop) from HPSM and change to another health plan in the county upon request
- To access minor consent services
- To get free 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)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by HPSM, your providers, or the State
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Care Providers, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside HPSM's network pursuant to federal law

Your responsibilities

HPSM members have these responsibilities:

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.

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 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. 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.
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.

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 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 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)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact 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.

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 grievance with Grievance and Appeals coordinator II. You can file a grievance by phone, by mail, in person, or online:

- **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.
- **By mail:** Fill out a complaint form or write a letter and mail 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.
- **Online:** Visit HPSM's website at www.hpsm.org/member/file-a-complaint.

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 (DHCS), Office of Civil Rights by phone, by mail, or online:

- **By phone:** Call 1-916-440-7370. If you cannot speak or hear well, call 7-1-1 (Telecommunications Relay Service).
- **By mail:** Fill out a complaint form or mail 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.

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

Office of Civil Rights – United States 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 United States Department of Health and Human Services, Office for Civil Rights by phone, by mail, or online:

- **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.
- **By mail:** Fill out a complaint form or mail 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.

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

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 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.

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!

Community Advisory Committee (CAC)

HPSM has a group called Community Advisory Committee. This group is made up of HPSM members (and their family members), community advocates and representatives from San Mateo County community-based organizations. 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 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 CAC

Email us at CustomerSupport@hpsm.org or send your letter to:

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.

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 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 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 his 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 consent to care, 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 another location of your choice. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

HPSM's statement of its policies and procedures for protecting your medical information (called a "Notice of Privacy Practices") is included below:

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HPSM is committed to protecting your health information, which is any information about:

- Your past or present physical or mental health.
- Any payments for health services that can be identified with you as an individual.

Examples of health information include your name, date of birth, diagnoses, medical treatments, medical claims, race, ethnicity, language, gender identity and sexual

orientation.

This notice summarizes HPSM's privacy practices and your rights as an HPSM member regarding your health information. It explains:

- How HPSM protects your health information in accordance with state and federal law.
- How HPSM can legally use and disclose your health information. ("Use" refers to how we share information within HPSM. "Disclose" refers to sharing information outside of HPSM.)
- How you can access your health information.

This notice *only* covers HPSM's privacy practices. Your provider may have different policies regarding their use and disclosure of your health information created in their office.

If you have questions about this notice, call HPSM Member Services at **1-800-750-4776.** Hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. Members with hearing or speech impairments can call the California Relay Service (CRS) at **1-800-735-2929** or **7-1-1**.

HPSM's legal requirements regarding health information

We are required by law to:

- Maintain security and privacy of electronic and written information, including physical, technical, and administrative procedures to prevent unauthorized access to your protected health information.
- Make sure that health information that identifies you is kept private.
- Give you this privacy practices notice.
- Follow the terms of the notice that is currently in effect.

How we may use or disclose your health information

State and federal law allow HPSM to use and disclose our members' health information without written authorization. Below is a list of the types of health information and examples of uses and/or disclosures. It does not include every possible allowable use and disclosure. It is not intended to limit uses and disclosures that are permitted by law. However, every way we can use and disclose your health information will fall into one or

another of these types.

- **Payment for health services.** We review your health information before approving payment for a treatment your provider has asked for to make sure that it is medically necessary.
- **Improving HPSM operations.** We may use members' health information to review our providers' performance and compare the quality of our services with that of other health plans. We do this confidentially without identifying individual members.
- **Care management.** Sharing your health information with your providers allows us to review your treatments and medications to make sure they do not conflict with each other.
- **Resource referrals.** We may identify and recommend HPSM benefits, services and/or programs based on your health information.
- **Contractors who assist in our operations.** Contractors agree to keep health information confidential and secure, and to only use it to assist us. For example, we contract with a "Pharmacy Benefit Manager" and provide them with the information they need to pay our members' pharmacy claims.
- **Health insurance program sponsors.** Employers and other organizations contract with HPSM so that we can provide health care services and pay claims. They agree to keep health information confidential and secure, and to only use it to assist us. If you have a plan sponsor, we may notify them when you enroll in or disenroll from our plan. We may also disclose your health information so the sponsor can audit HPSM's performance.
- **Family members or individuals involved in your care or payment for your care.** We may release your health information to family members or others who pay for your health care. We would do this if it is necessary to enable them to pay for your care or make decisions about your care. We only disclose your health information if you are present and agree to it, except when:
    - Your medical condition prevents you from making decisions and we believe that disclosing your information would be in your best interest.
    - After your death (unless you tell us beforehand not to share your information).
- **Schools.** A school may be legally required to have proof of immunization for a student enrolling or enrolled in the school. In those cases, we may provide the school with that student's immunization record.

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 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.

Special Situations

We disclose health information about you:

- **When required by federal, state or local law.**
- **To avoid a serious threat to your health and safety or the health and safety of others.** We would only disclose the information to someone who can help prevent the threat.
- **If you are a member of the armed forces or a veteran** as required by military authorities or to assist in determining your eligibility for veteran's benefits.
- **If you are in custody of a correctional institution** as part of coordinating your care.
- **To programs that provide workers compensation** and other benefits for work-related injuries or illness.
- **For public health activities**, such as:
    - Preventing or controlling disease, injury or disability.
    - Reporting child abuse or neglect.
    - Reporting births or deaths.
    - Reporting reactions to medications or problems with products.
    - Notifying you of recalls of products you may be using.
    - Notifying you if you may have been exposed to a disease or may be at risk for contracting or spreading a disease.
    - Notifying the appropriate government authority if we believe you are the victim of abuse, neglect or domestic violence. We will only disclose this if you agree or when authorized by law.
- **To health oversight agencies** 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 to enable the government to monitor the health care system and government health benefit programs.
- **For lawsuits and disputes** if ordered by a court, tribunal, subpoena or other lawful process. We only do this after unsuccessful efforts to notify you of the request or obtain an order protecting the information requested.

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 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 law enforcement officials** in limited circumstances (i.e., if the official requests it or to report criminal conduct). Generally, this would have to be in connection with a criminal investigation, court order, warrant or legally authorized national security activity.
- **To assist in a military mission** or other governmental activity related to intelligence, national security or protecting the President.
- **To coroners, medical examiners and funeral directors** so they can perform their duties after members are deceased.
- **To organ transplant organizations** working on organ or tissue transplantation for the purposes of facilitating a transplant.
- **50 years after death.** We may disclose the health information of members who are deceased to any agency after the member has been deceased for at least 50 years.
- **To disaster relief organizations.** If you do not want us to disclose your information for disaster relief, you have the right to prevent such sharing.

The previous examples are all subject to the prohibitions and conditions we explain below related to reproductive health care.

Legal limitations

We comply with laws that may limit or prevent the disclosures listed above. For example:

- There are special limits on disclosing health information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment.
    - We will not use or disclose the records we receive subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless we have your written consent or a court order, after notice and an opportunity to be heard in court is provided to you. Any court order we receive for a use or disclosure of these records must be accompanied by a subpoena or other legal obligation before we may use or disclose the record.
- Information about race, ethnicity, language, gender identity and sexual orientation cannot be used in underwriting, rate setting, denial of services, coverage and benefit determinations.

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 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.

- We cannot sell your information.

Authorization

Other than the situations described above, we do not allow use and disclosure of your health information without your written permission or authorization. For example, we may use and share health information about you for research purposes only if we have your authorization. Your decision to grant us an authorization will not affect your medical treatment, health plan benefits, payment for treatment or enrollment eligibility. You have the right to revoke your authorization even after you have signed an authorization for use or release of your health information. In that case, we would no longer use or disclose your health information for that purpose. However, we cannot reverse any disclosures we made during the time we had your permission to do so.

- **Uses and disclosures related to reproductive health care.** Unless we have received an authorization from you, we are prohibited from disclosing your health information when the request is made by someone other than you or your personal representative for either of the following activities ("Prohibited Purposes"):
    - To conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided.
    - The identification of any person for the purpose of conducting such investigation or imposing such liability.

For example, we may receive a subpoena requesting a member's records, and the subpoena was issued in a case seeking to prosecute a provider for prescribing a medication that could terminate a pregnancy or impact fertility, or to prosecute a member for taking such medication. In that situation, if the prescription or ingestion of that medication was lawful under the circumstances, we are prohibited from providing any PHI in response to the request.

If we receive a request for records from someone other than you or your personal representative, and the requested records contain PHI that potentially relates to reproductive health care, we are required to obtain an attestation from the requestor if the request is for any of the following purposes:

- Health oversight activities
- Judicial and administrative proceedings

- Law enforcement purposes
- Disclosures to coroners and medical examiners

The attestation must include specific information about the request, a statement that the request is not for any of the Prohibited Purposes, a statement that an individual signing an attestation known to be false is subject to criminal penalties under federal law, and it must be signed by the requestor. We are prohibited from responding to requests that require an attestation if the attestation does not meet all legal requirements.

For example, we may receive a subpoena requesting a member's records from state law enforcement officials related to the criminal prosecution of an individual accused of submitting false claims to insurance companies, unrelated to reproductive health care. While the purpose of the investigation is not a Prohibited Purpose, the records requested contain PHI potentially related to reproductive health care, such as claims paid for pregnancy-related conditions. In that situation, we will require the law enforcement official to provide a valid, signed attestation before we will respond to the request.

Even where we receive a valid attestation, we will still ensure that the request satisfies all requirements under federal law before we disclose any PHI

Note that there is a potential that information disclosed to third parties may no longer be protected by HIPAA, and those third parties could re-disclose your information.

Your rights regarding your health information

You have the right to:

- **Get a paper copy of this privacy notice.** You can also get this notice on our website at www.hpsm.org/privacy-policy.
- **Assign someone to represent you.** You can 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 take reasonable steps to confirm that anyone who claims to represent you has this authority before we take any action.
- **Request restrictions or limits on the use or disclosure of your health information.** In your request, you must tell us:
    - What health information you want to limit.

  - Whether you want to limit our use of information, disclosure of information, or both.
  - To whom you want the limits to apply.
- **Control information about sensitive services you receive.** Sensitive services include mental health counseling, reproductive health services, sexually transmitted disease services, sexual assault services and drug treatment. Those who are of the age and capacity to consent to these services are not required to get anyone's authorization to get them or submit a claim on their behalf.
- **Request confidential communications.** You have the right to request that we contact you about medical matters (including sensitive services) privately and with special handling. We will then not give your specified information to anyone without your written permission.
  - You can ask us to send communications about medical matters or sensitive services to another mailing address, email address or telephone number that you choose. If you do not provide another contact method, we will send communications to you at the address or telephone number we have on file.
  - We 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.
  - Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.
  - We will not ask you for the reason for your request. While we will make every effort to accommodate reasonable requests, *we are not required to agree to requests.* If we do agree, we will comply unless the information is needed to provide you with emergency treatment.

To request confidential communications or special handling in the way you are contacted, you must mail a written request to HPSM's Privacy Officer.

- **An accounting of disclosures.** You have the right to request a list of disclosures that we made of your health information. The list does not include some disclosures, such as those made for your treatment, payment for your care and our operations. It also does not include most other disclosures that we are required or permitted to make without your authorization (such as governmental agencies that review our programs or disclosures you authorize us to make). To request an accounting of disclosures, mail a written request to HPSM's Privacy Officer. Your request must only include dates within the last six years of the date of your request.

Mail written requests to HPSM's Privacy Officer at:

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

- **Access your health information.**
- Subject to certain exceptions, you have the right to view or get a copy of your PHI that we maintain in records relating to your care or decisions about your care or payment for your care. To request a copy of summary, or explanation of this health information, mail a written request to HPSM's Privacy Officer. We may charge a reasonable, cost-based fee. We will then provide a copy or a summary of your health and claims records, usually within 30 days of your request.
- In limited situations, we may deny some or all of your request to access these records, but if we do, we will tell you why in writing and explain your right, if any, to have our denial reviewed by someone other than the person who denied your request. We will comply with the outcome of the review.
- **Receive notice of a breach.** A breach is when protected health information is obtained, used or revealed in a way that violates relevant privacy laws. To qualify as a breach, the health information must be unsecured (which means others could access it). Within two months of learning your health information has been breached, we are required to send you a notice that explains:
    - What happened.
    - The types of information involved in the breach.
    - Steps you should take to protect your information.
    - What HPSM is doing to investigate the situation, minimize harm to you and prevent future breaches.

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 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.

- **Amend incorrect or incomplete health and claims records.** You have the right to request an amendment for as long as we maintain the information. A written comment will then be added to your health information at HPSM. To request an amendment, mail a written request to HPSM's Privacy Officer specifying the inaccurate or incorrect health information and reason or evidence that supports your request.

If we deny your request to amend your health information, we will tell you why and explain your right to file a written statement of disagreement. You must clearly tell us in writing if you want us to include your statement in future disclosures we make of that part of your record. We may include a summary instead of your statement. 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.
- Is correct and complete.

If you are a Member of Medi-Cal, learn more about your privacy rights at California Department of Health Services website at www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx.

You will be notified of changes to this notice

We reserve the right to change this notice then make it effective for all health information we already have about you as well as any we receive in the future. We will notify you of changes to this notice by mail within 60 days of the changes. We will also post a copy of the most current notice on our website at www.hpsm.org/privacy-policy.

How to file a grievance regarding your privacy rights

If you believe your privacy rights have been violated, you may file a grievance with HPSM. You will not be penalized for filing a grievance. You may also contact the U.S. Department of Health and Human Services to file a complaint.

Health Plan of San Mateo Attn: Grievance and Appeals 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 (TTY) **1-800-537-7697**	**California Department of Health Care Services** Attn: 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**

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 it 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 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.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you do not report OHC quickly. Submit your OHC online at http://dhcs.ca.gov/OHC.

If you do not have access to the internet, you can report OHC to HPSM by calling Member Services at 1-800-750-4776 (TTY 1-800-735-2929 or 7-1-1). Or you can call DHCS's OHC Processing Center at 1-800-541-5555 (TTY 1-800-430-7077 or 7-1-1) or 1-916-636-1980.

The California Department of Health Care Services (DHCS) has the right and responsibility to be paid back 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 for your health care first or pay back Medi-Cal if Medi-Cal pays.

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 to:

- Personal Injury Program at https://dhcs.ca.gov/PIForms
- Workers' Compensation Recovery Program at https://dhcs.ca.gov/WC

To learn more, visit the DHCS Third Party Liability and Recovery Division website at 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 Program website at https://dhcs.ca.gov/er or call 1-916-650-0590.

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 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 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 in Chapter 6 of this handbook for 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, modifications, terminations, suspensions, or reductions to your services 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 your 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, modify, terminate, suspend, or reduce a request for health care services.

If translation in your preferred language is not available, the HPSM 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 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
- 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.

8. Important numbers and words to know

Important phone numbers

- HPSM member services at 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 7 or 7-1-1
- HPSM Nurse Advice Line at 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 pregnant member 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 member 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
  - Is an Eskimo or Aleut or other Alaska Native
  - Is considered by the Secretary of the Interior to be an Indian for any purpose
  - Is determined to be an Indian under regulations issued by the Secretary of the

Interior

- Is considered by the Secretary of the Interior to be an Indian for any purpose
- 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 a member understand major health problems and arrange care with the member's 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 the member does 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, or a Medi-Cal provider. A complaint is the same as a grievance.

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

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 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.

Contract Drugs List (CDL): The approved drug list for Medi-Cal Rx from which a provider may order covered drugs a member needs.

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. A member is automatically enrolled in a COHS plan if they meet enrollment rules. Enrolled members choose their health care provider from among all COHS providers.

Copayment (co-pay): A payment a member makes, generally at the time of service, in addition to the insurer's payment.

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, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form).

DHCS: The California Department of Health Care Services. This is the state office that oversees the Medi-Cal program.

Disenroll: To stop using a health plan because the member no longer qualifies or changes to a new health plan. The member must sign a form that says they no longer want to use the health plan or call Health Care Options and disenroll by phone.

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

Durable medical equipment (DME): Medical equipment that is medically necessary and ordered by a member’s doctor or other provider that the member uses in the home, community, or facility that is used as a home.

Early and periodic screening, diagnostic, and treatment (EPSDT): Go to “Medi-Cal for Kids and Teens.”

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 average knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place the member’s health or the health of their unborn baby in serious danger

- Cause impairment to a bodily function
- Cause a body part or organ to not work right
- Result in death

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.

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. Services are provided to members of childbearing age to enable them to determine the number and spacing of children.

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

Fee-for-Service (FFS) Medi-Cal: Sometimes HPSM does not cover services, but a member can still get them through FFS Medi-Cal, such as many pharmacy services through Medi-Cal Rx.

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

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

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant member's residence and 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.

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 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: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, HPSM, a county mental health plan, or a Medi-Cal provider. A complaint filed with HPSM about a network provider is an example of a grievance.

Habilitation services and devices: Health care services that help a member keep, learn, or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll or disenroll a member from a health plan.

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 members 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 a member gets inpatient and outpatient care from doctors and nurses.

Hospital outpatient care: Medical or surgical care performed at a hospital without 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 Indiane Health Care Improvement Act (25 U.S.C. section 1603).

Inpatient care: When a member has to stay the night in a hospital or other place for medical care that is needed.

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).

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 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.

Investigational treatment: A treatment drug, biological product, or device that has successfully completed phase one of a clinical investigation approved by the Federal Drug Administration (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 1 month.

Managed care plan: A Medi-Cal health 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 for Kids and Teens: 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. They must get treatment to take care of or help the conditions that might be found in the check-ups. This benefit is also known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Medi-Cal Rx: A pharmacy benefit service that is part of FFS Medi-Cal and 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 provides the main functions of primary health care. This includes comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

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 diagnosing or 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.

Medical transportation: Transportation that a provider prescribes for a member when the member is not physically or medically able to use a car, bus, train, or taxi to get to a covered medical appointment or to pick up prescriptions. HPSM pays for the lowest cost transportation for your medical needs when you need a ride to your appointment.

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 End-Stage Renal Disease (ESRD).

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

Mental health services provider: Health Care professionals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning services 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 a member’s 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, Medicare Advantage plans (Part C), Medicare drug plans (Part D), or Medicare supplemental plans (Medigap).

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 that is medically necessary for the medical recovery of the member.

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

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

Outpatient care: When a member does not have to stay the night in a hospital or other place for the medical care that is needed.

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

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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 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.

- 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 a member is 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 a member or their provider must request approval from HPSM for certain services to make sure HPSM will cover them. A referral is not an approval. A pre-approval 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 a member has for most of their health care. The PCP helps the member get the care they need.

A 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 a member or their 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 the member or others or the member is 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, disaster preparedness and response, and occupational health.

Qualified provider: A doctor qualified in the area of practice appropriate to treat a member's 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 a member's PCP says the member 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 members 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 providers. Members 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, sexual assault and abortions, substance use disorder, 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, a member will need a referral from their PCP to go to a specialist.

Specialty mental health services (SMHS): 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 members who 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 1 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.

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 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.

Triage (or screening): The evaluation of a member's 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. Members can get urgent care from an out-of-network provider if in-network providers are temporarily not available or accessible.


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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