A Culture of Caring for over 40 years

1. A QUICK LOOK AT YOUR CONTRA COSTA HEALTH PLAN MEMBER HANDBOOK

Welcome to Contra Costa Health Plan (CCHP). This is an introduction to CCHP and your Membership Guide. We hope it will help you use our services better.

To give you more choices, you can now get your medical care from one of three provider networks. You can choose from Contra Costa Regional Medical Center (RMC) and Health Center Network, Kaiser Permanente or the Community Provider Network (CPN). These three provider networks contract with us and there is no cost to you if you have Medi-Cal.

The State pays Contra Costa Health Plan to give you the health care you and your family need. Your eligible children can have medical care up to the age of 21.

Some services are not covered by Contra Costa Health Plan, but they may be covered under other programs. Read this book to find out more about covered services. You may also read the Evidence of Coverage (EOC) for more detailed information about things in this book.

CHOOSING AND CHANGING YOUR PRIMARY CARE PROVIDER

The State should have given you a Provider Directory in your enrollment packet. You can also call Member Services at 1-877-661-6230 (press 2) or search for one at www.contracostahealthplan.org.

It has all the providers you can pick as your PCP (Primary Care Provider). Your PCP will be your family doctor who will coordinate, authorize and refer you to a specialist; a hospital or other needed care. You may choose a Family Nurse Practitioner (FNP) to handle your health care, but you will also be assigned a Primary Care Provider who works with the Family Nurse Practitioner in taking care of your needs. It is best if all your family picks the same Primary Care Provider (PCP). Once you pick a PCP who is associated with one of the three provider networks, you will get all of your care from that network. If you pick Contra Costa Regional Medical Center and Health Centers Network, you will get all your medical care from there. If you choose Kaiser Permanente, you will go to Kaiser Doctors and hospitals. If you choose a PCP from the Community Provider Network, you will see doctors at their private offices and go to the hospital where your PCP has privileges.

It is easy to change your PCP. Just call Member Services at 1-877-661-6230 (press 2) and you can change over the phone, or you can go to our website at www.contracostahealthplan.org, to request a change.
You should get an appointment for a physical exam within the first 120 days of becoming a member. Children under the age of 18 months need to be seen within sixty (60) days.

**GETTING CARE AFTER HOURS**
If you get sick or hurt after regular office hours, you can still get medical care.

If your PCP is from Contra Costa Regional Medical Center (RMC) Network, call the Advice Nurse at 1-877-661-6230 (press 1).

If your PCP is from Kaiser Permanente, call the Kaiser Member Call Center at 1-800-464-4000.

If your PCP is from the Community Provider Network (CPN), call your PCP's office number or call Contra Costa Health Plan's Advice Nurse at 1-877-661-6230 (press 1).

**ADVICE NURSES**
The 24-hours a day, 365 days a year Advice Nurse Service is your friendly, anytime connection to CCHP...someone with the medical information you need, when you need it, and just a toll-free call away at 1-877-661-6230 (press 1). An Advice Nurse can help you get medical care without delay, or help you treat the ailment at home. You will find the Advice Nurse phone number on your ID Card and in the Facility Directory.

**ADVICE NURSE SERVICES INCLUDE:**
**Advice for At Home Care**
The Advice Nurse can give you valuable advice to care for your illness or injury at home. The Advice Nurse will also help you decide if you need emergency or urgent medical care.

**Emergency Visits**
Remember that in an emergency you may call 911 or go to the nearest Emergency Room (ER). If you aren't sure if you need to go to the ER, call the Advice Nurse to help you decide. They can tell you what to do before you go and what to tell the emergency staff once you get there. CCHP will cover expenses for all emergencies and/or urgently needed care for eligible members.

**Community Resources**
Advice Nurses are specially trained to refer you to other organizations in the County to give you special help if you need it. Referral Services can include emergency shelters, public transportation resources and other medical and community-based resources. You can also call Community Online Resource Database (CORD) at 211 or visit their website at http://www.irissoft.com/cccc/

**Parenting Advice**
The focus of the Parenting Service is education for eligible parents and their covered children. You can get information on childhood and adolescent development, health and behavior including:

- How to know when your baby’s crying means something serious;
- What to do if your child has a fever;
- Nutritional, sleep time and potty training tips for parents of young children;
- What immunizations are necessary to protect your child’s health;
- What to do for common childhood illnesses;
- How to best deal with behavioral problems such as the “terrible twos” or teenage conflict.
When parents are calling about their child, the Advice Nurses cannot assist them unless the child is with them. In order to obtain the child’s most current symptoms and be able to refer to the appropriate level of care, we need for the child to be with the parent who is calling.

Test Results
When you call for routine lab results done at a County Health Center, and you have no medical symptoms, we ask that you leave a message for the Advice Nurse. Your message should include your full name (including the spelling), medical record number and telephone number, as well as the best time to call you back. An Advice Nurse will return your call within 24 hours. The Advice Nurse can give you only the results for the following tests if the tests were done at a County Health Center:

- Complete blood count;
- Lead;
- Cholesterol and blood sugar;
- Liver panel, hepatitis and most other blood tests;
- X-rays;
- Pap smear and mammogram results 4 weeks after your test.

The Advice Nurses cannot interpret the results. You must see your provider to know how the results apply to you. The Advice Nurses do NOT give out test results for pregnancy or HIV.

For pregnancy test results, call Healthy Start at Martinez at (925) 370-5495
Pittsburg at (925) 431-2345
Richmond at (510) 231-1340

For HIV test results, you must make a return appointment with your PCP.

The Best Time to Call
Our Advice Nurses answer calls 24 hours a day, 7 days a week, but sometimes are busier than others. In order to reduce the time you spend waiting on the phone, we recommend you follow these guidelines:

- If you are in a life-threatening situation, call 9-1-1 directly.
- If you are sick or injured, or thinking of going to the emergency room, call the Advice Nurses right away, any time.
- For non-urgent calls, like general health advice, minor illnesses or test results, avoid calling from 7 to 10 a.m., or from 3 to 7 p.m. These times are very busy with urgent health problems.

An Advice Nurse is just a phone call away. Nurses are available to talk to you to give helpful, accurate, and timely advice whenever you need it, even if you are out of the service area. Their phone number is also in the Facility Directory and on the back of your ID Card. If you have a Community Provider as your PCP, we encourage you to call your doctor first. When leaving a message for the Advice Nurse Unit or at your provider’s office, you can expect a call back within 30 minutes.

Advice Nurse
1-877-661-6230 (press 1)

HOSPITAL CARE
You will usually go to the hospital where your PCP practices. Your PCP will tell you which hospital you will go to. However, in an
emergency or in special cases you may go to another hospital.

EMERGENCY CARE
A true emergency is when someone without medical training can see that medical care must be given quickly or there could be permanent health damage or death to the victim, or if pregnant, to the unborn child. For a more detailed description please see Section 2 of your Evidence of Coverage.

CARE OUTSIDE OF CONTRA COSTA COUNTY
Always carry your Contra Costa Health Plan ID card. If you ever need emergency medical care while traveling out of Contra Costa County, the ID card tells the doctor or hospital what to do.

SPECIAL SERVICES
Family planning is available if you need it. You can also get help if you are worried about STD (sexually transmitted disease) or HIV and everything will be kept confidential. For family planning or for STD or HIV services, you can go to your Primary Care Provider or even to a doctor or health center that is not part of CCHP. There is no cost to you.

For information about these special services call Member Services at 1-877-661-6230 (press 2).

ELIGIBILITY
You can be a member of this CCHP program if you are on Medi-Cal and eligible for enrollment. You will not be a member if you are no longer on Medi-Cal, if you are disenrolled, or you move out of the county.

Be sure to notify Medi-Cal if you become pregnant. If you have a baby you need to:
1. Get a Social Security Number for the baby.
2. Call Medi-Cal before the baby is a month old to enroll the baby on Medi-Cal.
3. If you receive a Medi-Cal application form for your baby before you leave the hospital, be sure to fill it out and send it in.
4. Call Health Care Options (HCO) at 1-800-430-4263 and request an enrollment packet to enroll the baby in CCHP. You may also go on-line to www.healthcareoptions.dhcs.ca.gov.

IF THINGS DON’T GO RIGHT
If you have a problem with any of our services, we want to help you work it out. You can:
1. Call Member Services at 1-877-661-6230 (press 2).
2. Call the Medi-Cal Ombudsman Program at 1-888-452-8609.
3. Call the California State Department of Managed Health Care (DMHC) at 1-888-HMO-2219.
4. Call Health Care Options (HCO) at 1-800-430-4263 to change plans. You may also go on-line to www.healthcareoptions.dhcs.ca.gov.
5. File a request for a Medi-Cal Fair Hearing at 1-800-952-5253.

2. MEMBER HANDBOOK
Contra Costa Health Plan (CCHP) follows guidelines from the State Department of Health Care Services and the Department of Managed
Health Care. We will work with these two agencies to update the Member Handbook as often as necessary to keep members aware of the changes in covered services.

**Member Services**
1-877-661-6230 (press 2)
[www.contracostahealthplan.org](http://www.contracostahealthplan.org)

**WHO WE ARE**
CCHP has served Medi-Cal and other members since 1973. Now we work with Kaiser Permanente and many private doctors in your neighborhood to give you a choice and to provide quality health care for Medi-Cal families in Contra Costa County.

**NO COST TO YOU**
If you have Medi-Cal you can join CCHP at no cost to you. The State pays Contra Costa Health Plan to take care of all your covered health services. All the services listed in this Member Handbook are given to you when you need them. They must be approved by your PCP. Here is what you will get:

**COVERED SERVICES**
- Doctor Visits;
- Pregnancy and Maternity Care (childbirth);
- Hospital Care;
- Approved Covered Prescription Drugs from CCHP’s Pharmacy Network;
- Emergency Room Care for Emergencies;
- Eye and Hearing Exams;
- Health Education Classes and Materials;
- Preventive Services for Adults and Children;
- Interpreter Services;
- 24-hour toll free Advice Nurse Service;
- Member Service Help;
- Family Planning;
- Diabetes Management.

CCHP will also cover the following services when your PCP orders them and CCHP approves:
- Inpatient Hospital Care;
- Durable Medical Equipment;
- Physical, Speech, and Occupational Therapy;
- Prosthetics;
- Respiratory Care;
- Hospice Care;
- Hemodialysis;
- Home Health Nursing;
- Non-Emergency Medical Transportation and Non-Medical Transportation when medically necessary.

Refer to Sections 6 and 7 of the EOC for a detailed list of covered benefits and a list of things that are not covered or that have limits.

**CARE FOR YOUR ELIGIBLE CHILD**
Medical services for all eligible children up to age 21 are covered through CCHP by the Child Health & Disability Prevention Program (CHDP). Your child will get all CHDP services through CCHP. Your PCP has a list of all required CHDP services and will make sure that your child receives these services during his or her regular medical appointments or will refer your child to a specialist if needed.

You also have the right to services for your children who qualify for the California Children Services (CCS) program. A child may be eligible to receive CCS services if he or she has a serious illness or chronic medical...
condition such as a cleft lip or palate, physical disabilities like paralysis, serious eye problems, cerebral palsy, sickle cell disease, and cancer. A child covered by Medi-Cal automatically meets CCS financial eligibility. You will receive CCS services through regular Medi-Cal, but CCHP will provide primary care and other services unrelated to the CCS-eligible condition and will coordinate services with the CCS Program. For more information, call CCHP’s CCS Coordinator at (925) 313-6100.

THE TREATMENT OF MINORS
A parent or legal guardian must come to the doctor with a child under 18 before the child can get medical care. It is against the law to give most medical care to a minor without the consent of the parent or legal guardian. You can sign an authorization form and have it on file at your health center or doctor’s office. Then a designated baby sitter, neighbor or family member can authorize medical care if you are not at home.

Sensitive Services can be given to minors without the specific consent of their parent or guardian. For the definition of Sensitive Services, see Section 2 of the EOC contained in the final part of this booklet. For more information on Minor Consent Services, see Section 4 of the EOC.

FAMILY PLANNING
Family planning services are given to members who need help deciding the number and spacing of children. These services include all methods of birth control approved by the Federal Food and Drug Administration. As a member, you pick a Primary Care Provider (PCP) near to you who will give you the services you need. Our PCP and OB/GYN specialists can help you with family planning. For family planning services you may also pick a doctor not connected with CCHP. You do not have to get permission from CCHP. CCHP will pay that doctor for the family planning services you receive.

If you would like someone to speak with you about Family Planning, call Member Services or see Section 7 of the EOC. If you are a member of Kaiser, call the Kaiser Advice Nurse at 1-800-464-4000. You can also call the Office of Family Planning at the Department of Health Care Services' toll-free number, 1-800-942-1054.

MATERNITY CARE
CCHP will pay for all services connected with maternity care. The member may choose to receive maternity care from our list of Certified Obstetricians, Family Doctors or Certified Nurse Midwives. Call Member Services for help in selecting a provider for your maternity care.

SERVICES FOR STD AND HIV
CCHP will pay for HIV testing and for the treatment of a sexually transmitted disease (STD). For more information, call Member Services or see Section 7 of the EOC.

For HIV and STD testing you may go to your Primary Care Provider, an OB/GYN specialist, Public Health Services, or any qualified provider, even if they are not part of CCHP. After your first treatment you can get follow-up services from either your PCP or Contra Costa
County Public Health Services with no prior approval. A list of providers can be found in the Provider Directory online at www.contracostahealthplan.org or call Member Services.

OTHER SERVICES AT NO COST
- Advice Nurse 24 hours a day, every day of the year;
- 24-hour toll free emergency authorization phone number;
- Eye exams every two years;
- Approved prescription drugs from CCHP’s pharmacy network;
- Same or next day primary care appointments;
- Health Plan approved laboratory and x-ray services;
- Skilled nursing facility/intermediate care facility for the month of admission and the following month only;
- Free health education programs;
- Physical exams including school and sports physicals;
- Ambulance in life-threatening emergencies (just call 911) or Non-Emergency Medical Transportation;
- Other Non-Medical Transportation such as taxi or public transportation tickets when medically necessary and approved by CCHP.

If you use an ambulance in a non-emergency situation or use public transportation to go to the doctor without CCHP's approval, you may have to pay for it yourself.

For more information about Transportation including Emergency Ambulance, Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) please see the Transportation Policy section below and in the Evidence of Coverage (EOC) section of this booklet.

You will have your own PCP direct your care, but you do not need PCP approval for such services as eye exams, family planning, obstetrics, and sexually transmitted disease (STD) services. Other services listed in this Member Handbook are provided when medically necessary and with approval of your PCP.

Multilingual Services
- Interpreters are available for all Limited English Proficient (LEP) members at no charge, including for sign language.
- You can request a face-to-face or telephone interpreter. If you know that you will need an interpreter for an upcoming medical service or discussion of medical information, please ask for the interpreter when you make the appointment.
- Our Member Services can help you find a PCP who speaks your language. Call Member Services at 1-877-661-6230 (press 2) or for hearing impaired call California Relay at 1-800-735-2929.
- You do not have to use family members or friends as interpreters.
- CCHP providers can get our 24-hr interpreter services whenever needed.
- This EOC and other informational materials have been translated into Spanish. If you need these materials in other formats, call our Member Services at 1-877-661-6230 (press 2) or for hearing impaired call California Relay at 1-800-735-2929 and we will work with you get
them in other formats like Braille, large size print, or audio formats.

- To ask for translated materials, call the Cultural and Linguistic Department at (925) 313-6063 or for hearing impaired call California Relay 1-800-735-2929.

TRANSPORTATION POLICY

Emergency medical transportation is covered, without prior authorization, to the nearest health care site that can meet your emergency medical needs.

All non-emergency medical transportation (NEMT) is covered when:

- Medically needed;
- You can’t use a bus, taxi, car or van to get to your appointment;
- Requested by a CCHP provider; and
- Approved in advance by CCHP.

You can use Non-Medical Transportation (NMT) when you are getting to and from a medical appointment for a screening and/or needed treatment service covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program or for medically necessary covered services for members in case management, active dialysis treatment, oncology related services and approved by CCHP.

For more information on transportation see the EOC section of this booklet.

Most of our facilities and providers are located near a bus stop. For more information on bus routes, call the Central Contra Costa Transit Authority (925) 676-7500; Tri Delta Transit (925) 754-4040; BART Express for Central and East County at (925) 676-2278 or for West County at (510) 236-2278; or Wheels (925) 455-7500.

SERVICES NOT AVAILABLE FROM CCHP

The following services are not covered by CCHP. You can get these services through regular Fee-For-Service Medi-Cal (FFS) or other available public programs. For FFS, first you must find a provider who is contracted with the State for these services and who will accept Medi-Cal payment. Then, take your Medi-Cal Beneficiary Identification Card (BIC card) to that provider. You may also ask your PCP for assistance or call CCHP Member Services at 1-877-661-6230 (press 2) or for hearing impaired call California Relay at 1-800-735-2929.

- Prayer healing;
- Acupuncture;
- Eyeglasses;
- Inpatient mental health for members with severe mental illnesses or serious emotional disturbance of a child (Available through the Contra Costa Mental Health Plan);
- Dental;
- Alcohol, Heroin Detoxification and Dependency Treatment Drugs (Available through County Alcohol and Drug Program);
- AIDS/HIV drugs;
- Blood factors and coagulation factor medications;
- Selected psychotherapeutic mental health prescription medications;
- Chiropractic services.

If you need long-term care or a major organ transplant (except kidney and corneal transplants) you will be disenrolled from CCHP.
and returned to Fee-for-Service (FFS) Medi-Cal where these services will be covered. CCHP covers kidney or corneal transplant services.

Please note: Effective July 1, 2009, some services are no longer covered for most adults. Some exceptions may be available through FFS if you meet certain conditions. Please see your EOC for more details or call Member Services for more information at 1-877-661-6230 (press 2) or for hearing impaired call California Relay at 1-800-735-2929.

SERVICES THAT ARE NOT COVERED

- Care for conditions that state or local law requires be treated in a public facility;
- Experimental drugs, medical, surgical and other procedures not approved by the FDA;
- Skilled nursing intermediate care facilities are not covered after the month of admission and the following month;
- Conditions covered by Worker’s Compensation or other insurance;
- Cosmetic surgery and prescriptions for cosmetic purposes, unless they are proven medically necessary by CCHP;
- Most over-the-counter medications;
- Local Education Agency (LEA) services;

MEDICAL EXEMPTION CRITERIA

If you have been a member for less than 90 days, you may request a Medical Exemption to continue to see a Medi-Cal provider that is not affiliated with a managed care plan. Medical Exemptions may be granted if you are: currently pregnant; under evaluation or approved for and awaiting an organ transplant; receiving chronic renal dialysis treatment, HIV positive or diagnosed with AIDS; diagnosed with cancer and receiving chemotherapy or radiation; enrolled in a Medi-Cal waiver or pilot program; or receiving or scheduled to receive treatment for a complex medical condition or progressive disorder. Please call Health Care Options (HCO) at 1-800-430-4263 to get a Medical Exemption Certification Form that your provider must complete and sign. Mailing instructions are on the form, or you may give it to CCHP to submit to HCO. You may also go on-line to www.healthcareoptions.dhcs.ca.gov.

3. YOUR PROVIDER

Please read the following Section so you will know how to pick a Primary Care Provider (PCP)

ABOUT PRIMARY CARE PROVIDERS

A Primary Care Provider (PCP) is your own personal doctor. He or she will make sure you get all the medical care you need. Your PCP will be your family caregiver who will coordinate, authorize and refer you to specialty care providers; a hospital or other needed care. You may choose a Family Nurse Practitioner (FNP) to handle your health care, but you will also be assigned a physician who works with the FNP in taking care of your medical needs. Every member of the family who joins CCHP must have a PCP. It is best if you pick one PCP for the whole family.

When you join CCHP, you are asked to pick a PCP. If you do not list a PCP on your enrollment form, or if the PCP you chose is no longer available, CCHP will pick one for you. If you pick a new PCP within 30 days after enrollment, your new assignment will be effective immediately. If you are not happy with that PCP you can call or write or come into
Member Services to find a PCP that fits your needs. When you pick a PCP, think about these things: Is the doctor near your home or work? Is it easy to get to your doctor's office? Does the doctor speak your preferred language? Does the doctor use a hospital you like? Does the doctor take care of children?

**TO CHANGE YOUR PRIMARY CARE PROVIDER**

You can change your PCP at any time, but we recommend that you change doctors no more than once each month.

Each PCP works with one of CCHP's three provider networks. If you change PCP's, you will get all your care from the Network your new doctor belongs to.

A request for a specific doctor may be rejected if that provider has reached his or her full capacity of patients, or if the doctor refuses the assignment because of failure of a prior relationship with you. In these cases, Member Services will work with you to find another provider.

Your PCP will see that you get all the care you need, like shots for children, breast exams and PAP tests for women, and the care you need if you are sick or are going to have a baby. If you ever need to see a specialty care doctor other than your PCP, your PCP will refer you to one who is part of CCHP. If you are currently under the care of a specialist and you want to know if they are contracted with CCHP, call Member Services, go on-line at [www.contracostahealthplan.org](http://www.contracostahealthplan.org), or look in your Provider Directory.

In addition to our Family Practice Specialists, the CCHP Medi-Cal Provider Network has hundreds of specialists to take care of specific medical problems. In some of our specialty clinics, you may be seen by certain Family Doctors and Nurse Practitioners who are Board Certified in a certain specialty. If you need to go to a hospital, your PCP will send you. Your doctor must approve your hospital stay at all times, unless you have a real emergency. In that case, you or the hospital must call CCHP Authorizations within 48 hours to tell us you are there and why. This number is on the back of your CCHP ID card.

If you are a Kaiser Permanente member, you will go to a Kaiser Hospital or a hospital affiliated with Kaiser. If you feel you need care that your doctor will not give you, please call Kaiser Member Services at 1-800-464-4000.

You also have a right to request a list of contracted health care providers with specific information about these providers. To request a list, you may call Member Services.

It is easy to change your PCP. You can do this by calling your member services representative at 1-877-661-6230 or you can go to our website to request a change.

**HOW TO HELP YOUR DOCTOR TAKE CARE OF YOU**

- Know your doctor's name and try to see him or her each time.
- Keep your appointments or cancel them as soon as possible.
- Talk with your doctor. Tell the truth about your health history and how you feel now.
• Do what your doctor says.
• If you need services in your own language ask your doctor or call Member Services.

YOUR FIRST APPOINTMENT
All members over 18 months of age should have a complete Initial Health Assessment (IHA) within the first 120 days of becoming a member. Children under the age of 18 months should be seen by their doctor within the first 60 days. Please make an appointment for your IHA as soon as you can. This exam will help you meet your PCP and give him or her a chance to get to know you. Your PCP can then take responsibility for managing your current and future health care needs. Tell your PCP about any services you or your children have been receiving for chronic and/or complex conditions from other doctors, schools, California Children’s Services, or the Early Start Program.

After your IHA, you will receive an explanation of the results and will be helped to get any necessary follow-up services.

Please call the appointment phone number in the Provider Directory for the PCP you chose. For more information on choosing a doctor and getting services, see Section 3 and 4 of the EOC.

LANGUAGE SERVICES
• You can tell us your preferred language so we can help you get services. Call Member Services to confirm what language we have listed for you and your family.
• Use the Provider Directory to help you find doctors who speak your language.
• You can get free interpreter services if you have a hard time understanding English. If you need a translator when you speak to your doctor or other provider, please let them know. You are not required to use a family member or friend as an interpreter. CCHP providers have access to our 24-hour telephone language services whenever needed.
• Spanish speaking staff and services in other languages are available whenever you call the Health Plan.
• You can file a complaint or grievance if you feel that you did not get appropriate language services.

You can get Spanish versions of this booklet and other information. Call Member Services to make sure we have your preferred language on file.

GETTING CARE AFTER HOURS
When you are sick with a high fever, severe pain, or other serious sickness and your doctor's office or health center is closed, you can still get the health care you need. Here is what to do:

If your PCP is from the Contra Costa County Health Centers
Call the Advice Nurse for your urgent care needs 24 hours a day, every day.

If your PCP is from the Community Provider Network
Call your doctor’s phone number and you’re their doctor’s answering service will help you. You can also call CCHP’s 24-hour Advice
Nurse if you aren't sure what to do or if your doctor isn't available.

**If your PCP is from Kaiser Permanente**

The Kaiser Advice Nurse will help you decide whether you should come to a Kaiser facility immediately or wait until regular clinic hours. To reach 24-hour Kaiser Advice Nurse call 1-800-464-4000.

Remember, before you make a trip to the emergency room, *except for life threatening emergencies;*

**Call your PCP or a CCHP Advice Nurse**
1-877-661-6231 (press 1)

**HOSPITAL CARE**

If your doctor decides that you need to go to a hospital, you will usually go to the hospital where your doctor practices. If the hospital your doctor uses cannot give you the care you need, your doctor will arrange care for you at an appropriate hospital. See Section 7 of the EOC for more hospital care information.

**EMERGENCY CARE**

A true emergency is when someone without medical training can see that medical treatment must be given quickly. Some examples are severe pain, difficulty breathing, unusual or excessive bleeding, broken bones, shock, and head injury with confusion, fainting, severe burns, and possible ingestion of poison or medicine overdose. Medi-Cal allows the Plan to cover the cost of emergency services in the USA, Canada and Mexico only.

If you have a true emergency, call 911 or go to the nearest hospital.

If you aren't sure, call CCHP’s 24-hour Advice Nurse at 1-877-661-6230 (press 1).

If you are a Kaiser member, call Kaiser's 24-hour emergency number 1-800-464-4000.

See Section 5 of the EOC for more details on Emergency Care.

**IN CASE OF A NATURAL DISASTER**

If you are temporarily without phone service during a natural disaster and you are faced with a medical emergency, go to the nearest medical facility.

**WHAT IF I NEED CARE AND I'M OUT OF CONTRA COSTA COUNTY?**

If you are temporarily out of Contra Costa County and need urgent or emergency services from a doctor or a hospital, be sure to show your CCHP ID Card. The Card tells the doctor and the hospital what to do. Please call us if you can to let us know that you have been hospitalized in an out-of-county hospital. For more information about your ID card, see Section 1 of the EOC.

**4. YOUR PHARMACY BENEFIT**

CCHP uses a Preferred Drug List (PDL). For more information on our PDL, see Section 7 of your EOC.

**PERFORM RX PHARMACIES**

CCHP contracts with PerformRx for your pharmacy benefit. Call PerformRx at 1-877-234-4269 for a participating pharmacy in your
area or go online to our searchable pharmacy listings at www.contracostahealthplan.org. To get a prescription refill, call the phone number on the prescription container at least 7 days before your prescription runs out. This will help the pharmacy to have your prescription ready. Be sure to pick up your prescription within 5 days after you order it, or the pharmacy may return your medication to stock.

All Walgreens and Rite Aid pharmacies, as well as most independent pharmacies, participate with CCHP. No other chain pharmacies are covered.

KAISER PHARMACIES
Kaiser members should have their medications filled at a Kaiser pharmacy.

5. ELIGIBILITY

DATE OF ELIGIBILITY
You must be eligible for Medi-Cal to join CCHP. It may take from 15 to 45 days for the State Health Care Options (HCO) Contractor to process your CCHP enrollment after you are enrolled in Medi-Cal. You must work with the County Medi-Cal Department to determine if you qualify. For eligibility questions, call the Medi-Cal Service Center at 1-866-663-3225.

ADDING NEW BABIES TO THE PLAN
You should notify your Medi-Cal worker if you become pregnant. New babies are covered for the month they were born in and the next month. They then lose coverage unless you have enrolled them. If you have a new baby, you must get a Social Security Number for him or her before the baby can get Medi-Cal. You may get a Social Security form from the hospital or mailed to you. Complete the form as soon as possible and return it to get a Social Security Number for your baby. Call the Medi-Cal Service Center as soon as possible after delivery to add your baby to Medi-Cal. Then, to get the new baby enrolled in CCHP, call HCO at 1-800-430-4263. HCO will mail an enrollment packet to you with instructions and information about CCHP. You may also go online to www.healthcareoptions.dhcs.ca.gov.

AS EASY AS 1, 2, 3!
1. Fill out and mail the Social Security (SS) form to get a Social Security Number for your baby.
2. Call the Service Center to get your baby on Medi-Cal.
3. Call HCO to enroll the baby in CCHP. You may also go on-line to www.healthcareoptions.dhcs.ca.gov.

6. DISENROLLING FROM CCHP
We hope you like the services you get as a member of CCHP. However, if you aren't happy, you can disenroll at any time and for any reason. To disenroll, or switch your managed care plan or return to regular Medi-Cal (if eligibility permits), contact HCO at 1-800-430-4263 between 8 am and 5 pm Monday thru Friday. Detailed information on disenrollment is also in Section 9 of the EOC. You may also go on-line to www.healthcareoptions.dhcs.ca.gov.

DISENROLLMENT OF A MEMBER IS MANDATORY WHEN:
- The member requests disenrollment.
- The member's eligibility for enrollment with CCHP is terminated or eligibility for Medi-Cal is ended.
• The member moves outside Contra Costa County, CCHP’s service area.

A Mandatory Disenrollment usually takes HCO from 15 to 45 days to complete.

EXPEDITED DISENROLLMENT
In some special cases HCO must help you disenroll quickly. This is called an emergency or expedited disenrollment. You can submit a form in person, by mail, or by fax to HCO at 916-364-0287 or call HCO at 1-800-430-4263 between the hours of 8 am to 5 pm Monday thru Friday.
You may also go on-line to:
www.healthcareoptions.dhcs.ca.gov.

You may also request that the Plan submit a request to HCO. If the request is approved, you will be notified by HCO within 7 days by mail.

Listed below are the circumstances under which DHCS will allow an expedited disenrollment:

a. Children placed in Foster Care or Adoption
b. Assistance Programs
c. Member has special health care needs not covered by CCHP (such as major organ transplants, other than kidney or corneal transplants)
d. Member is incarcerated
e. Member has a complex medical condition and needs to return to care from a doctor not contracted with CCHP (must request within the first 90 days of membership).
f. Member is already enrolled in another Medi-Cal or commercial managed care plan
g. Member was incorrectly assigned to a plan they did not choose.

7. MEMBER SERVICES
Our Member Services Representatives (MSR’s) are here to help you. Call them at 1-877-661-6230 (press 2). They are here for you Monday through Friday from 8 a.m. to 5 p.m. On holidays and weekends you may call the Advice Nurse for urgent concerns and information.

CALL MEMBER SERVICES WHEN
• You want to know about CCHP or have questions about CCHP Services.
• You want to pick or change a Primary Care Provider (PCP) for yourself or a family member.
• You have questions about your health benefits.
• Your CCHP ID Card is lost or stolen.
• You feel you need a medical service your doctor won’t give you or arrange for you.
• You receive a medical bill.
• You need information about community resources.
• You want to discuss a complaint or file a grievance.

USING OUR WEB SITE
Our website contains valuable information for our members. You can search for contracted providers and facilities; look at our pharmacy preferred provider list; order a replacement ID card; request a PCP change; file a grievance or an appeal; find and read the latest newsletter or see copies of important publications. Go to www.contracostaithealthplan.org.

COMPLAINTS AND GRIEVANCES
If you are not happy with any of the services provided by CCHP you can call or write
Member Services to help resolve your problem. Complaints regarding CCHP providers (doctors, nurses, Health Centers, etc.) should be sent to CCHP for resolution. You may also come to the CCHP office to talk to us in person.

Contra Costa Health Plan
595 Center Avenue, Suite 100
Martinez, CA 94553

It is your right to talk to someone who speaks your language. You have the right to see the files about your problem like your medical records, plan policies, and any evidence we have. It is also your right to have a friend, family member, or lawyer help you. Section 8 of the EOC is also available for you to read about complaints and grievances. Feel free to call Member Services if you would like a copy of our Grievance Policy.

TIMEFRAMES FOR RESOLVING COMPLAINTS AND GRIEVANCES

Your MSR will try to fix the problem. If this doesn't work, you may file a formal grievance. You have 180 days from the date of the occurrence to file a formal grievance. After receiving a grievance from you, we will let you know within 5 days that we have your complaint and we are working on it. We will let you know the outcome within 30 days. You may write to:

Contra Costa Health Plan
Member Services Department
595 Center Avenue, Suite 100
Martinez, California 94553
or call 1-877-661-6230 (press 2)

Kaiser members should call 1-800-464-4000 or ask to see the Kaiser Member Services Representative at the Kaiser center you use. If Kaiser cannot help you with your problem or if you are unhappy with their services, you may call CCHP Member Services.

APPEALS FOR DENIED CLAIMS OR SERVICES

If you feel that you have been denied a needed medical service, you may submit an appeal in writing, by calling, over the website, or in person to Member Services within 90 days from the date of denial of the medical service. The Health Plan has 30 days to complete their review of your appeal.

EXPEDITED REVIEW OF GRIEVANCES

The Expedited Review process applies to requests for services and supplies that:
- You have not received, which you believe are medically urgent; or
- You are getting, which you believe we should keep providing.

You can ask CCHP to use this process when you file a grievance. We will agree to use this process if waiting 30 days for a decision could seriously harm your health. For reviews that require expedited handling, we will make a decision no later than three (3) days after we receive your request.

If we deny your request for an expedited review we will notify you in writing within 3 days and instead follow the regular 30-day grievance process. Whenever there is a case requiring an expedited review, you also have the right to immediately notify the Department of Managed Health Care of the grievance.
RIGHT TO CONFERENCE

If CCHP denies you an Experimental or Investigational Service and you have a terminal illness, you have 180 days to write to Member Services to request a conference. Within 30 days, CCHP will arrange a conference with you and the people you select to review the reasons for the denial and any possible alternatives. A plan representative with the authority to make a decision about the complaint will conduct the conference. If your doctor and CCHP’s Medical Director think a delay will make treatment substantially less effective, the conference will be scheduled within 5 business days of your request.

In addition to requesting a conference, you can also immediately request an Independent Medical Review (IMR) with the Department of Managed Health Care. See the section below for more information on IMR. You may also call the California HMO Help Center at 1-888-HMO-2219 or the TDD line (1-877-688-9891) for the hearing and speech impaired.

INDEPENDENT MEDICAL REVIEW (IMR) FOR EXPERIMENTAL OR INVESTIGATIONAL SERVICES

If the plan has denied you a service, drug, device, procedure, or other therapy (referred to as "Requested Service") on the basis that it is an Experimental or Investigational Service, you have the right to request an independent medical review if:

- Your provider certifies that you have a life threatening or seriously debilitating condition; and
- Your provider certifies that standard therapies have not been effective in improving the condition; and
- Your provider has recommended the requested service that may be more beneficial than any available standard therapy; and
- CCHP has denied you coverage of the requested service; and
- The requested service would be a covered service if it were not considered an experimental or investigational service.

Members are not required to file a formal grievance before seeking an IMR for a denial of an experimental or investigational therapy.

DENIALS BASED ON MEDICAL NECESSITY

You may also ask for an Independent Medical Review (IMR) of a disputed health care service from the Department of Managed Health Care if you think that the health care service has been wrongly denied, modified or delayed by CCHP or by one of our contracted providers.

DHCS OMBUDSMAN PROGRAM

The California Department of Health Care Services has a Medi-Cal Managed Care Ombudsman to look into member complaints. The phone number is 1-888-452-8609.

FILING A COMPLAINT WITH DEPARTMENT OF MANAGED HEALTH CARE (DMHC)

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-877-661-6230 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 for 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 Medi-cal decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department’s Internet Web site http://www.hmohelp.ca.gov has complaint forms, IMR application forms and instructions online.

MEDI-CAL FAIR HEARING RIGHTS
Every CCHP Medi-Cal managed care member has the right to the Medi-Cal fair hearing process. You can file your complaint within 90 days of the problem, even if you did not file a grievance with CCHP. To request a fair hearing with the State, call the State Department of Social Services' Public Inquiry and Response Unit at 1-800-952-5253, or write to California Department of Social Services, P.O. Box 944243, Mail Station 9-17-37, Sacramento, California, 94244-2430.

You have the right to be represented by a friend, family member or a lawyer. You also have the right to have help in the language you prefer to speak, and you have the right to see files related to your case. You may be eligible for continued benefits while filing for a State Fair Hearing.

8. ADDITIONAL INFORMATION
TRANSITIONAL MEDI-CAL
You might lose your Medi-Cal eligibility because:
• You start earning more money
• You got married
• Your husband or wife has come back home

If any of these three things has happened to you, you might be able to get Transitional Medi-Cal (TMC). TMC is often called “Medi-Cal for working people.” TMC can give you no cost Medi-Cal for up to 12 months.

For example, if one of these three things has happened to you, but you are the person in the household who earns the most money, you might get TMC. Also if you are a “caretaker relative” (as defined by Medi-Cal), you might get TMC.

Parents, caretaker relatives, and children who get TMC can have free Medi-Cal coverage for a total of 24 months. If you have stopped receiving Medi-Cal, you should ask your Eligibility Worker (EW) right away if you are one of the people who can get TMC. If you do get TMC, you can stay in your health plan. If you have any questions, contact your EW.
FEDERALLY QUALIFIED HEALTH CENTERS AND INDIAN HEALTH CENTERS

Members can receive their medical care from a Federally Qualified Health Center (FQHC) if it is a part of the CCHP Network. Federally Qualified Health Centers that are contracted with CCHP are listed in our Provider Directory.

To get services from an FQHC, select a Primary Care Provider (PCP) associated with that facility. Call Member Services at 1-877-661-6230 (press 2) to help you choose an FQHC provider. If at any time you wish to stop going to the FQHC, call Member Services to change to another PCP.

Members who are Native American Indians can receive their medical care from any Indian Health Center even if it is not part of CCHP. There are currently no Indian Health Centers located in Contra Costa County. Native American Indians can disenroll from CCHP at any time without cause. To continue to receive health care at an Indian Health Center, you must fill out a Medical Exemption form available through Health Care Options (HCO) or call CCHP Member Services. You may also go on-line to www.healthcareoptions.dhcs.ca.gov. You must have the Indian Health Services facility complete and sign the form. Mailing directions are on the form.

INVESTIGATIONAL SERVICES

"Investigational services" are those drugs, equipment and procedures that were experimental but are now being tested in humans. The effectiveness of investigational services in helping humans is not yet known. According to State law, investigational services may or may not be covered. Check with your PCP or call Member Services if you need more information.

PAYMENT FOR PROVIDERS

CCHP’s Medi-Cal program does not include financial penalties designed to limit health care. Some Medi-Cal physicians or providers are salaried. Others are paid a fee for each of the services they provide. You can be assured you will get the medical services you need when you join CCHP.

NOTIFICATION OF CHANGES

If there are any changes in the information included in this Guide, or any changes in the availability of locations for covered services, you will be notified in writing at least thirty days prior to the effective date of the change. In unforeseen circumstances, you may be notified within fourteen days of the change. The California Department of Health Care Services will approve any notification sent to you.
### CONTRA COSTA HEALTH CENTERS
### MEDI-CAL FACILITY DIRECTORY

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concord Health Center</td>
<td>3052 Willow Pass Road, Concord, CA 94519</td>
<td>M-TH, 7:45-11:45 am, 12:45-4:45 pm, 5:15-8:15 pm; Fri., 7:45-11:45 am, 12:45-4:45 pm.</td>
</tr>
<tr>
<td>Concord Health Center 2</td>
<td>3024 Willow Pass Road, Concord, CA 94519</td>
<td>M-Fri., 8:00 am – 5:00 pm; W, 8:00 am – 9:00 pm.</td>
</tr>
<tr>
<td>Martinez Family Practice Center (Building 1)</td>
<td>2500 Alhambra Avenue, Martinez, CA 94553</td>
<td>M- Fri., 7:45 am - 8:45 pm; Sat., 7:45 am – 4:45 pm.</td>
</tr>
<tr>
<td>North Richmond Center for Health</td>
<td>1501 Fred Jackson Way, Richmond, CA 94801</td>
<td>M-Fri, 7:45 am - 4:45 pm.</td>
</tr>
<tr>
<td>Pittsburg Health Center</td>
<td>2311 Loveridge Road, Pittsburg, CA 94565</td>
<td>M, T, W, 7:45 am - 8:30 pm; TH, Fri., 7:45 am - 4:45 pm; Sat. 7:45-11:45 am, 12:45-4:45 pm (evening hours by appt).</td>
</tr>
<tr>
<td>West County Health Center</td>
<td>13601 San Pablo Ave, San Pablo, CA 94806</td>
<td>M-TH, 8 am – 8:45 pm; Fri., 8 am – 5 pm; Sat., 8 am – 5 pm (by appointment only)</td>
</tr>
</tbody>
</table>

### Community Physician Network (CPN)
To find your CPN Provider office hours, address and phone number please call our Member Services number listed below or visit our website at: [www.contracostahealthplan.org](http://www.contracostahealthplan.org)

### Community Provider Network (CPN):
For 24 Hour Urgently needed Services call your Provider’s office or the CCHP Advice Nurse:
1-877-661-6230 (press 1)

### Kaiser Network:
To reach the 24 hour Call Center for CCHP’s Medi-Cal members with Kaiser, call Appointments, Advice Nurse and Customer Service:
1-800-464-4000

### CCHP Member Call Center
1-877-661-6230

Press 1: Advice Nurse
(24 hour Emergency Service, 7 days a week)
Press 2: Member Services
Press 3: Pharmacy Services
Press 4: Authorizations / Referrals (Medical/Mental Health)
Press 5: Appointments (County Health Centers only)
Press 6: Marketing & Sales Department

### Key CCHP Phone Numbers
Main Office:
(925) 313-6000
Chief Executive Officer:
(925) 313-6004
**Pharmacy**
For Prescription Refills call the phone number on your bottle. Order your refills 7 days in advance. Some medicines may require prior authorization.

To locate the closest CCHP contracting pharmacy through PerformRx call: 1-877-234-4269, or go to www.performrx.com.

**Mental Health Services**
1-888-678-7277

**Substance Abuse Services**
1-800-846-1652

**HEALTH CARE OPTIONS (HCO), Opciones de Salud**
1-800-430-4263

**TOLL-FREE LANGUAGE NUMBERS FOR HEALTH CARE OPTIONS**

**NÚMERO DE TELÉFONOS GRATUITOS DE DIFERENTES IDIOMAS DEL HEALTHCHOICE**

- Arabic ........... 1-800-576-6881
- Armenian....... 1-800-840-5032
- Cambodian/Camboyano ...... 
  1-800-430-5005
- Cantonese/ Cantonés ...........
  1-800-430-6006
- English and languages not listed/ Inglés y Idiomas No Enumerados.. 1-800-430-4263
- Farsi............ 1-800-840-5034
- Hmong ........... 1-800-430-2022
- Korean .......... 1-800-576-6883
- Laotian .......... 1-800-430-4091
- Mandarin ...... 1-800-576-6885
- Russian/ Ruso................
  1-800-430-7007

**Spanish/ ESPAÑOL..............**
  1-800-430-3003
**Tagalog........1-800-576-6890**
**Vietnamese/ Vietnamés.........**
  1-800-430-8008

**HCO TDD LINE FOR THE HEARING IMPAIRED**
LA LÍNEA TDD PARA LA AUDICIÓN MINUSVÁLIDO
1-800-430-7077

**IMPORTANTE NÚMEROS DE TELÉFONO**

- **Nombre del Seguro**
  Contra Costa Health Plan
  Servicios a los Miembros
  1-877-661-6230

- **Calif. Dept. of Health Care Services Office of Family Planning**
  1-800-942-1054

- **Health Insurance Counseling and Advocacy Program (HICAP) for Seniors**
  1-800-510-2020

- **Denti-Cal Beneficiary Telephone Service Center**
  1-800-322-6384

- **Medi-Cal Ombudsman**
  1-888-452-8609