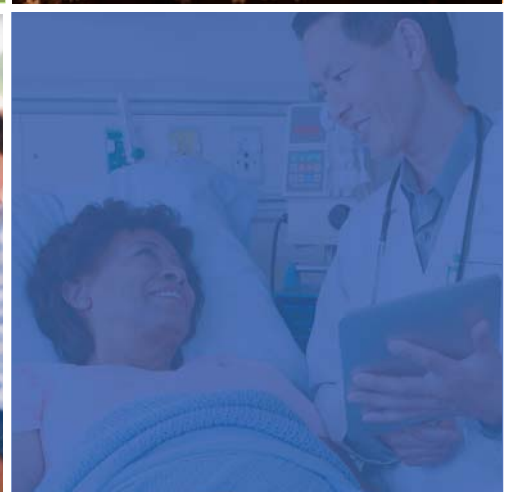
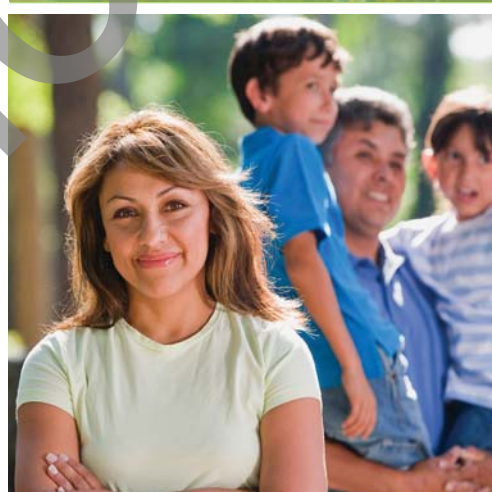
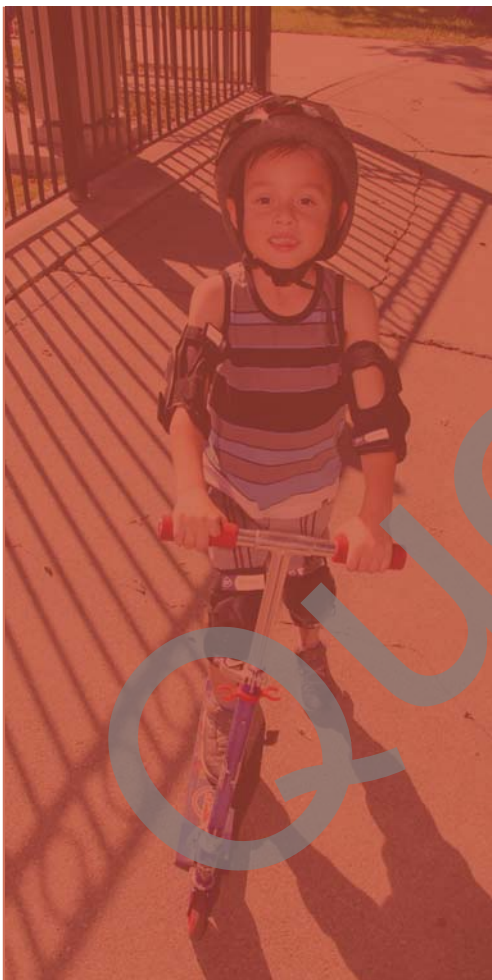


Health Plan of San Joaquin



888.936.PLAN (7526)
www.hpsj.com



MEDI-CAL
Combined Evidence of Coverage and
Disclosure Form for Benefit Year 2020

Quote copy

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. Read this Member Handbook to learn more about health care language assistance services, such as interpretive and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font print or audio. Call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. The call is toll-free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpretation, cultural and linguistic services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call 888.936.PLAN (7526) TTY/TDD 711. The call is toll-free.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 888.936.PLAN (7526) (TTY: 711)

اللغة العربية (Arabic)

تنبيه: إذا كنت تتحدث لغة أخرى، نوفر لك خدمات مساعدة لغوية مجاناً. يرجى الاتصال عبر (7526).PLAN.888.936، (ولمستخدمي 711 TTY/TDD).

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք մեկ այլ լեզվով, ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 888.936.PLAN (7526), (TTY/TDD 711):

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد. با (TTY/TDD 711)، (7526) PLAN.936.888 تماس بگیرید.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए मुफ्त उपलब्ध हैं।
888.936.PLAN (7526), (TTY/TDD 711) पर कॉल करें।

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pabcuam txog lus, muaj kev pab dawb rau koj. Hu rau 888.936.PLAN (7526), (TTY/TDD 711)

日本語 (Japanese)

注意事項: 日本語でのサービスをご希望の場合は、無料でご利用いただけます。
888.936.PLAN (7526)、(TTY/TDD 711)までお電話でお問い合わせください。

ខ្មែរ (Khmer)

ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាមួយផ្សេងទៀត សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅកាន់លេខ 888.936.PLAN (7526)(TTY/TDD: 711)។

한국어 (Korean)

주의: 귀하가 기타 언어를 사용하시면 무료로 언어지원서비스를 이용하실 수 있습니다.
888.936.PLAN (7526), (TTY/TDD 711)번으로 전화하십시오.

ພາສາລາວ (Laotian)

ໝາຍເຫດ: ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໄວ້ໃຫ້ທ່ານ ໂດຍບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍ
ຖ້າທ່ານເວົ້າພາສາລາວ. ໂທ 888.936.PLAN (7526) (TTY/TDD 711)

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
888.936.PLAN (7526) (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ।

Русский (Russian)

ВНИМАНИЕ! Если ваш родной язык не английский, вы можете бесплатно получить помощь переводчика. Позвоните по телефону 888.936.PLAN (7526), (TTY/TDD 711).

Español (Spanish)

ATENCIÓN: Si usted habla español, se encuentran disponibles servicios sin costo de asistencia de idiomas. Llame al 888.936.PLAN (7526) o a la línea TTY/TDD 711.

简体中文 (Simplified Chinese)

注意: 如果您使用简体中文, 您可以免费获得语言协助服务。请致电
888.936.PLAN (7526), (TTY/TDD 专线 711)。

Tagalog (Tagalog-Filipino)

PANSININ: Kung nagsasalita kayo ng ibang wika, mga serbisyo ng tulong sa wika, na walang bayad, ay mayroon para sa inyo. Tumawag sa 888.936.PLAN (7526), (TTY/TDD 711).

ภาษาไทย (Thai)

โปรดทราบ: หากคุณพูดภาษาอื่น คุณสามารถใช้บริการความช่วยเหลือทางภาษาได้ฟรี ไม่มีค่าใช้จ่าย โทร 888.936.PLAN (7526) (TTY/TDD 711)

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Xin gọi số 888.936.PLAN (7526), (TTY/TDD 711).

Notice of non-discrimination

Discrimination is against the law. Health Plan of San Joaquin follows state and federal civil rights laws. Health Plan of San Joaquin 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.

Health Plan of San Joaquin provides:

- Free aid 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 first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Health Plan of San Joaquin at 888.936.7526 TTY/TDD 711. We are open Monday – Friday 8:00 a.m. – 6:00 p.m.

If you believe that Health Plan of San Joaquin has failed to provide these services or unlawfully discriminated in another way on the basis 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, you can file a grievance with Civil Rights Coordinator, Tamara Foster. You can file a grievance in person, in writing, by phone or by email to:



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

Notice of non-discrimination

Health Plan of San Joaquin
Attn: Grievance Coordinator
7551 S. Manthey Road
French Camp, CA 95231
888.936.PLAN (7526) TTY/TDD 711
By fax: 209.942.6355

If you need help filing a grievance, a Customer Service Representative can help you.

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

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
1-916-440-7370 (TTY 711 California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at
<http://www.hhs.gov/ocr/office/file/index.html>.

Welcome to Health Plan of San Joaquin!

Thank you for joining Health Plan of San Joaquin. Health Plan of San Joaquin is a health plan for people who have Medi-Cal. Health Plan of San Joaquin works with the State of California to help you get the health care you need.

Member Handbook

This Member Handbook tells you about your coverage under Health Plan of San Joaquin. Please read it carefully and completely. It will help you understand how to use your benefits and services. It also explains your rights and responsibilities as a member of Health Plan of San Joaquin. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of Health Plan of San Joaquin rules and policies and based on the contract between Health Plan of San Joaquin and the Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from Customer Service by calling 888.936.PLAN (7526) TTY/TDD 711.

You may also ask for another copy of the Member Handbook at no cost to you or visit the Health Plan of San Joaquin website at www.hpsj.com to view the Member Handbook.

Contact us

Health Plan of San Joaquin is here to help. If you have questions, call Customer Service toll free at 888.936.PLAN (7526) TTY/TDD 711. Health Plan of San Joaquin is open Monday – Friday 8:00 a.m. – 6:00 p.m.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

You can also visit us online at www.hpsj.com.

Thank you,
Health Plan of San Joaquin
7751 S. Manthey Road
French Camp, CA 95231

Quote copy

Table of contents

Other languages and formats	3
Other languages.....	3
Other formats.....	3
Interpreter services	3
Notice of non-discrimination	6
Welcome to Health Plan of San Joaquin!	8
Member Handbook.....	8
Contact us	8
Table of contents.....	10
1. Getting started as a member	12
How to get help	12
Who can become a member	12
Identification (ID) cards	13
Ways to get involved as a member.....	14
2. About your health plan	15
Health plan overview	15
How your plan works	16
Changing health plans	16
Continuity of care	18
Costs.....	19
3. How to get care	21
Getting health care services.....	21
Where to get care	26
Provider network	27
Primary care provider (PCP)	30
4. Benefits and services.....	38
What your health plan covers	38
Medi-Cal benefits	39
Coordinated Care Initiative (CCI) benefits	55



What your health plan does not cover	55
Services you cannot get through Health Plan of San Joaquin or Medi-Cal	57
Other programs and services for people with Medi-Cal.....	59
Care coordination	60
Evaluation of new and existing technologies	60
5. Rights and responsibilities	62
Your rights	62
Your responsibilities	63
Notice of Privacy Practices	64
Notice about laws	65
Notice about Medi-Cal as a payer of last resort	65
Notice about estate recovery	65
Notice of Action.....	66
6. Reporting and solving problems	67
Complaints	68
Appeals	69
What to do if you do not agree with an appeal decision	70
Independent Medical Reviews (IMR)	71
State Hearings	72
Fraud, waste and abuse.....	73
7. Important numbers and words to know	74
Important phone numbers	74
Words to know.....	74
8. Full notice of Privacy Practices	86

1. Getting started as a member

How to get help

Health Plan of San Joaquin wants you to be happy with your health care. If you have any questions or concerns about your care, Health Plan of San Joaquin wants to hear from you!

Customer Service

Health Plan of San Joaquin's Customer Service is here to help you. Customer Service can:

- Answer questions about your health plan and covered services
- Help you choose or change a doctor
- Tell you where to get the care you need
- Offer interpretive services if you do not speak English
- Offer information in other languages and formats
- Offer assistance with problems and complaints
- Assist you if your ID card is lost or stolen

If you need help, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Health Plan of San Joaquin is here Monday - Friday 8:00 a.m. - 6:00 p.m.

You can also visit us at www.hpsj.com.

Who can become a member

You qualify for Health Plan of San Joaquin because you qualify for Medi-Cal and live in San Joaquin or Stanislaus County. You may also qualify for Medi-Cal through Social Security.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077) or visit www.healthcareoptions.dhcs.ca.gov.

Transitional Medi-Cal

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

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

You can ask questions about qualifying for Medi-Cal at your local county health and human services office. Find your local office at 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).

Identification (ID) cards

As a member of Health Plan of San Joaquin, you will get a Health Plan of San Joaquin ID card. You must show your Health Plan of San Joaquin ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here is a sample Health Plan of San Joaquin ID card to show you what yours will look like:



Your Health Plan of San Joaquin ID card is also available in our member portal at www.hpsj.com or on our mobile app MyHPSJ, which can be downloaded from the Google Play Store or the Apple App Store.

If you do not get your Health Plan of San Joaquin ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Customer Service right

away. Health Plan of San Joaquin will send you a new card for free. Call Customer Service 888.936.PLAN (7526) TTY/TDD 711.

Ways to get involved as a member

Health Plan of San Joaquin wants to hear from you. Each year, Health Plan of San Joaquin has meetings to talk about what is working well and how Health Plan of San Joaquin can improve. Members are invited to attend. Come to a meeting!

Community Advisory Committee

Health Plan of San Joaquin has a group called Community Advisory Committee. This group is made up of members from hard to reach populations and includes safety net doctors, community advocates groups, traditional partners, and staff. Joining this group is voluntary. The group talks about how to improve Health Plan of San Joaquin's policies and is responsible for:

- Culturally appropriate services or program designs
- Priorities for health education and outreach programs
- Member satisfaction survey results
- Findings of health education, cultural, and linguistic group needs assessment
- Plan marketing materials and campaigns
- Communication of needs for doctor network development and assessment
- Community resource and information

If you would like to be a part of this group, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

2. About your health plan

Health plan overview

Health Plan of San Joaquin is a health plan for people who have Medi-Cal in San Joaquin and Stanislaus counties. Health Plan of San Joaquin works with the State of California to help you get the health care you need.

You may talk with one of Health Plan of San Joaquin's Customer Service representatives to learn more about the health plan and how to make it work for you. Call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

When your coverage starts and ends

When you enroll in Health Plan of San Joaquin, you should receive a Health Plan of San Joaquin member ID card within two weeks of enrollment. Please show this card every time you go for any service under the Health Plan of San Joaquin. If you do not show your Health Plan of San Joaquin ID card, the doctor will not know you are a member and might charge you for the services.

You may ask to end your Health Plan of San Joaquin coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit

www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

Sometimes Health Plan of San Joaquin can no longer serve you. Health Plan of San Joaquin must end your coverage if:

- You move out of the county
- Are in prison
- You no longer have Medi-Cal
- You qualify for certain waiver programs

- You need a major organ transplant (excluding kidneys and corneal transplants)
- You are in a long-term care facility more than two months

Indian Health Services

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from Health Plan of San Joaquin while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason.

To find out more, please call Indian Health Services at 1-916-930-3927 or visit the Indian Health Services website at www.ihs.gov.

How your plan works

Health Plan of San Joaquin is a health plan contracted with DHCS. Health Plan of San Joaquin is a managed care health plan. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. Health Plan of San Joaquin works with doctors, hospitals, pharmacies and other health care providers in Health Plan of San Joaquin's service area to give health care to you, the member.

Customer Service will tell you how Health Plan of San Joaquin works, how to get the care you need, how to schedule doctor appointments, and how to find out if you qualify for transportation services.

To learn more, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Changing health plans

You may leave Health Plan of San Joaquin and join another health plan at any time. Call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077) to choose a new plan. You can call Monday through Friday, 8:00 a.m. until 6:00 p.m. or visit <https://www.healthcareoptions.dhcs.ca.gov>.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

It takes up to 45 days to process your request to leave Health Plan of San Joaquin. To find out when Health Care Options has approved your request, call 1-800-430-4263 (TTY 1-800-430-7077).

If you want to leave Health Plan of San Joaquin sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Beneficiaries that can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs; members with special health care needs, including, but not limited to major organ transplants; and members already enrolled in another Medi-Cal, Medicare or commercial managed care plan.

You may ask to leave Health Plan of San Joaquin in person at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

Health Plan of San Joaquin is the health plan for Medi-Cal beneficiaries in San Joaquin and Stanislaus counties. You will stop being a Health Plan of San Joaquin member only if you lose your Medi-Cal eligibility or if you move out of the Health Plan of San Joaquin service area. Health Plan of San Joaquin coverage may also end if your local county health and human services office changes how you qualify for Medi-Cal. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

If you have other health care coverage besides Health Plan of San Joaquin, we will follow the state rules for coordinating payment with your other healthcare carrier. This means if the other insurance carrier is considered “primary”, that insurance coverage must be used before Health Plan of San Joaquin.

You must tell us if you are injured or sick because of another person's fault or negligence (such as a car accident). You may have to pay the Department of Health Care Services (DHCS) if you receive money from another insurance or person for services provided as a result of the accident or injury.

College students who move to a new county

If you move to a new county in California to attend college, Health Plan of San

Joaquin will cover emergency services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county, you do not need to apply for Medi-Cal in that county. There is no need for a new Medi-Cal application as long as you are still under 21 years of age, are only temporarily out of the home and are still claimed as a tax dependent in the household.

When you temporarily move away from home to attend college there are two options available to you. You may:

- Notify your local county social services office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. If Health Plan of San Joaquin does not operate in the new county, you will have to change your health plan to the available options in the new county. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room services in the new county. For routine or preventive health care, you would need to use the Health Plan of San Joaquin regular network of doctors located in the head of the household's county of residence.

Continuity of care

If you now go to doctors who are not in the Health Plan of San Joaquin network, in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your doctors do not join Health Plan of San Joaquin's network by the end of 12 months, you will need to switch to doctors in Health Plan of San Joaquin's network.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

Doctors who leave Health Plan of San Joaquin

If your doctor stops working with Health Plan of San Joaquin, you may be able to keep getting services from that doctor. This is another form of continuity of care.

Health Plan of San Joaquin provides continuity of care services for:

- Acute Condition
- Serious Chronic Condition
- Pregnancy
- Terminal Illness
- Care of a child between birth and 6 months
- Authorized surgery or procedure

To learn more about continuity of care and eligibility qualifications, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Costs

Member costs

Health Plan of San Joaquin serves people who qualify for Medi-Cal. Health Plan of San Joaquin's members do **not** have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, go to "Benefits and Services."

For members with a share of cost

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by Health Plan of San Joaquin for that month. You will not be covered by Health Plan of San Joaquin until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any Health Plan of San Joaquin's doctor. If you are a member with a share of cost, you do not need to choose a doctor.

How a doctor gets paid

Health Plan of San Joaquin pays doctors in these ways:

- Capitation payments
 - Health Plan of San Joaquin pays some doctors a set amount of money every month for each Health Plan of San Joaquin member. This is called a capitation payment. Health Plan of San Joaquin and doctors work together to decide on the payment amount.
- Fee-for-service payments
 - Some doctors give care to Health Plan of San Joaquin members and then send Health Plan of San Joaquin a bill for the services they provided. This is called a fee-for-service payment. Health Plan of San Joaquin and doctors work together to decide how much each service costs.

To learn more about how Health Plan of San Joaquin pays doctors, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Health Plan of San Joaquin offers a Provider Incentive Program. This means Health Plan of San Joaquin offers incentive payments to doctors who meet quality improvement standards in the delivery of care to our members and keeping our members healthy.

Asking Health Plan of San Joaquin to pay a bill

If you get a bill for a covered service, call Customer Service right away at 888.936.PLAN (7526) TTY/TDD 711.

If you pay for a service that you think Health Plan of San Joaquin should cover, you can file a claim. Use a claim form and tell Health Plan of San Joaquin in writing why you had to pay. Call Customer Service at 888.936.PLAN (7526) TTY/TDD 711 to ask for a claim form. Health Plan of San Joaquin will review your claim to decide if you can get your money back.



3. How to get care

Getting health care services

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

You can begin to get health care services on your effective date of coverage. Always carry your Health Plan of San Joaquin ID card and Medi-Cal BIC card with you. Never let anyone else use either of these cards.

New members must choose a primary care provider (PCP) in Health Plan of San Joaquin's network. Health Plan of San Joaquin network is a group of doctors, hospitals and other providers who work with Health Plan of San Joaquin. You must choose a PCP within 30 days from the time you become a member of Health Plan of San Joaquin. If you do not choose a PCP, Health Plan of San Joaquin will choose one for you.

You may choose the same PCP or different PCPs for all family members of Health Plan of San Joaquin.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in Health Plan of San Joaquin's network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. You can also find the Provider Directory on Health Plan of San Joaquin's website at www.hpsj.com.

If you cannot get the care you need from a participating doctor in the Health Plan of San Joaquin network, your PCP must ask Health Plan of San Joaquin for approval to send you to an out-of-network doctor.

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

Initial health assessment (IHA)

Health Plan of San Joaquin recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some 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 may help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of Health Plan of San Joaquin and give your Health Plan of San Joaquin ID number.

Take your BIC card and your Health Plan of San Joaquin ID card to your appointment. It is a good idea to take a list of your medications 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.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. Health Plan of San Joaquin covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Send you to a specialist 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 **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read Chapter 4 in this handbook.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

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. Urgent care appointments require care within 48 hours. If you are outside Health Plan of San Joaquin's service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, call your PCP. If you cannot reach your PCP, call Customer Service 888.936.PLAN (7526) TTY/TDD 711 or the 24/7 Nurse Advise Line at 800.655.8294. A Member can speak directly with a doctor for non-emergency care.

If you need urgent care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization).

If you need mental health urgent care, call the county Mental Health Plan in San Joaquin county at 888.468.9370 or in Stanislaus county at 888.376.6246, both numbers are available 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit

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

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from Health Plan of San Joaquin.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed.

Examples include:

- Active labor
- Broken bone
- Severe pain, especially in the chest

- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency condition

Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24/7 Nurse Advice Line at 800.655.8294.

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the Health Plan of San Joaquin's network. If you go to an ER, ask them to call Health Plan of San Joaquin. You or the hospital to which you were admitted should call Health Plan of San Joaquin within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, Health Plan of San Joaquin will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or Health Plan of San Joaquin first before you go to the ER.

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

Remember: Do not call **911** unless it is an 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 **911** or go to the nearest emergency room.

Sensitive care

Minor consent services

If you are under 18 years old, you can go to a doctor without consent from your parents or guardian for these types of care:

- Outpatient mental health (only minors 12 years or older) for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

- Family planning/birth control (except sterilization)
- Sexual assault
- HIV/AIDS prevention/testing/treatment (only minors 12 years or older)
- Sexually transmitted infections prevention/testing/treatment (only minors 12 years or older)
- Drug and alcohol abuse treatment (only minors 12 years or older)

The doctor or clinic does not have to be part of the Health Plan of San Joaquin network and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic giving these services, or for help getting to these services, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. You may also call the 24/7 Nurse Advice Line at 800.655.8294.

Adult sensitive services

As an adult, you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections

The doctor or clinic does not have to be part of the Health Plan of San Joaquin's network. Your PCP does not have to refer you for these types of services. For help finding a doctor or clinic giving these services, you can call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. You may also call the 24/7 Nurse Advice Line at 800.655.8294.

Advance directives

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

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

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

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

Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also go to your PCP for care when you are sick.

Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call our 24/7 Nurse Advice Line at 800.655.8294.

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.

For emergencies, call **911** or go to the nearest emergency room.

Moral objection

Some doctors have a moral objection to some services. This means they have a right to **not** offer some covered services if they morally disagree. If your doctor has a moral objection, he or she will help you find another doctor for the needed services. Health Plan of San Joaquin can also work with you to find a doctor.

Some hospitals and other doctors do not offer one or more of the services listed below. These services you or your family member might need may be covered under your plan contract:

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



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want or call Health Plan of San Joaquin's Customer Service at 888.936.PLAN (7526) TTY/TDD 711 to make sure you can get the health care services you need.

Provider Directory

Health Plan of San Joaquin's Provider Directory lists doctors who participate in the Health Plan of San Joaquin network. The network is the group of doctors who work with Health Plan of San Joaquin.

The Health Plan of San Joaquin's Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning doctors, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, long-term services and supports (LTSS), Freestanding Birth Centers (FBCs), Indian Health Service Facilities (IHF) and Rural Health Clinics (RHCs).

The Provider Directory has Health Plan of San Joaquin's network doctor's names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

You can find the online Provider Directory at www.hpsj.com/find-a-doctor.

If you need a printed Provider Directory, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Provider network

The provider network is the group of doctors, hospitals and other providers who work with Health Plan of San Joaquin. You will get your covered services through Health Plan of San Joaquin's network.

If your doctor who is in network, including a PCP, hospital or other provider and has a moral objection to providing you with a covered service, such as family

planning or abortion, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. Go to Chapter 4 for more about moral objections.

If your doctor has a moral objection, he or she can help you find another doctor who will give you the services you need. Health Plan of San Joaquin can also work with you to find a doctor.

In network

You will use doctors in the Health Plan of San Joaquin network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other doctors in the Health Plan of San Joaquin network.

To get a Provider Directory of network providers, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711 or visit www.hpsj.com.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care, you may have to pay for care from doctors who are out of network.

Out-of-network or Out-of-service area

Out-of-network doctors are those that do not have an agreement to work with Health Plan of San Joaquin. Except for emergency care, you may have to pay for care from doctors who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

If you need help with out-of-network services, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

If you are outside of the Health Plan of San Joaquin service area and need care that is **not** an emergency or urgent, call your PCP right away or call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

For emergency care, call **911** or go to the nearest emergency room. Health Plan of San Joaquin covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, Health Plan of San Joaquin will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, Health Plan of San Joaquin will **not** cover your care.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
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Visit online at www.hpsj.com.

If you have questions about out-of-network or out-of-service area care, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. If the office is closed and you want help from a representative, call the Advice Nurse Line at 800.655.8294.

Delegated Model

Some Health Plan of San Joaquin members can receive care through Kaiser Permanente physicians and Kaiser Hospitals, if they meet the limited and specific qualifications for enrollment. If Kaiser membership reaches a threshold amount, no members can join Kaiser regardless of whether they meet the criteria.

Members who wish to enroll with Kaiser through Health Plan of San Joaquin must live in San Joaquin County and must also have been a Kaiser member within the past 12 months, or live in the same household as a current Kaiser member.

Doctors

You will choose your doctor or a primary care provider (PCP) from Health Plan of San Joaquin's Provider Directory. The doctor you choose must be a participating doctor. This means the doctor is in Health Plan of San Joaquin's network. To get a copy of Health Plan of San Joaquin's Provider Directory, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711 or find it online at www.hpsj.com.

You should also call if you want to check to be sure the PCP you want is taking new patients.

If you had a doctor before you were a member of Health Plan of San Joaquin, you may 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 Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

If you need a specialist, your PCP will refer you to a specialist in Health Plan of San Joaquin's network.

Remember, if you do not choose a PCP, Health Plan of San Joaquin will choose one for you. You know your health care needs best, so it is best if you choose. If

you are in both Medicare and Medi-Cal, you do not have to choose a PCP.

If you want to change your PCP, you must choose a PCP from Health Plan of San Joaquin's Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in Health Plan of San Joaquin's network are listed in the Provider Directory. Hospital services, other than emergencies, require pre-approval (prior authorization).

Primary Care Provider (PCP)

You must choose a PCP within 30 days of enrolling in Health Plan of San Joaquin. Depending on your age and sex, you may choose a general practitioner, ob/GYN, family practitioner, internist or pediatrician as your primary care provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse-midwife may also act as your PCP. If you choose an NP, PA or certified nurse-midwife, you may be assigned a doctor to oversee your care.

You can also choose Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. Depending on the type of doctor, you may be able to choose one PCP for your entire family who are members of Health Plan of San Joaquin.

If you do not choose a PCP within 30 days of enrollment, Health Plan of San Joaquin will assign you to a PCP. If you are assigned to a PCP and want to change, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. The change happens on 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
- Send you to a specialist if needed
- Arrange for hospital care if you need it



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

You can look in the Provider Directory to find a PCP in Health Plan of San Joaquin's network. The Provider Directory has a list of IHFs, FQHCs and RHCs that work with Health Plan of San Joaquin.

You can find Health Plan of San Joaquin's Provider Directory online at www.hpsj.com or you can request a Provider Directory to be mailed to you by calling Customer Service at 888.936.PLAN (7526) TTY/TDD 711. You can also call to find out if the PCP you want is taking new patients.

Travel time and distance to care

Health Plan of San Joaquin must follow travel time and distance standards for your care. Those standards help to make sure you are able to get care without having to travel too long or too far from where you live. Travel time and distance standards are different depending on the county you live in.

If Health Plan of San Joaquin is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used. To see Health Plan of San Joaquin's time and distance standards for where you live, please, visit www.hpsj.com or call 888.936.7526 TTY/TDD 711.

If you need care from a specialist and that provider is located far from where you live, you can call Customer Service at 888.936.7526 TTY/TDD 711 to get help finding care with a specialist located closer to you. If Health Plan of San Joaquin cannot find care for you with a closer specialist, you can request Health Plan of San Joaquin arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the Health Plan of San Joaquin's travel time and distance standards for your county, regardless of any alternative access standard Health Plan of San Joaquin may use for your ZIP Code.

Choice of doctors and other doctors

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 he or she 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 Health Plan of San Joaquin's doctor 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 Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Health Plan of San Joaquin may ask you to change your PCP if the PCP is not taking new patients, has left Health Plan of San Joaquin's network or does not give care to patients your age. Health Plan of San Joaquin or your PCP may 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 Health Plan of San Joaquin needs to change your PCP, Health Plan of San Joaquin will tell you in writing.

If you change PCPs, you will get a new Health Plan of San Joaquin member ID card in the mail. It will have the name of your new PCP. Call Customer Service if you have questions about getting a new ID card.

Don't wait until you are sick to see your PCP. New Members should see their PCP for an Initial Health Assessment or check-up within 120 days (4 months) of enrolling in Health Plan of San Joaquin. Children 18 months old or younger should see their PCP within sixty (60) days of becoming a member. A check-up helps your PCP to get to know you and your health care needs. This will also help your PCP take care of you when you are sick.

Appointments

When you need health care:

- Call your PCP
- Have your Health Plan of San Joaquin ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC card and Health Plan of San Joaquin ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

- Have your questions and medication information ready in case you need them

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

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a doctor. You may get an Explanation of Benefits (EOB) or a statement from a doctor. EOBs and statements are not bills.

If you do get a bill, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. Tell Health Plan of San Joaquin the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a doctor for any amount owed by Health Plan of San Joaquin for any covered service. Except for emergency care or urgent care, you may have to pay for care from doctors who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network doctor at no cost to you, as long as they are medically necessary and not available in the network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a claim form with Health Plan of San Joaquin. You will need to tell Health Plan of San Joaquin in writing why you had to pay for the item or service. Health Plan of San Joaquin will read your claim and decide if you can get your money back. For questions or to ask for a claim form, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

You may get a medical bill if you go to a doctor that does not work for Health Plan of San Joaquin or is located outside of the Health Plan of San Joaquin Service area. You may be billed by the doctor and you may have to pay for services that are not covered by Health Plan of San Joaquin. If you pay the bill, keep a copy or record of your payment. You may send a copy of your payment to Health Plan of San Joaquin for review. If the bill is for covered or authorized service you may receive a refund from Health Plan of San Joaquin.

You should not be billed for emergency care, urgent care, the care required to stabilize an emergency condition, family planning services, or for sexually transmitted disease testing at a clinic. If you receive a bill, call Health Plan of

San Joaquin right away at 888.936.PLAN (7526) TTY/TDD 711 to take care of the bill for you.

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

Other services that may require a referral include in-office procedures, X-rays, and lab work.

Your PCP may 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 he or she thinks you need treatment.

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

If you have trouble getting a standing referral or want a copy of the Health Plan of San Joaquin referral policy, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

You do not need a referral for:

- PCP visits
- Ob/gyn visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call California Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (only minors 12 years or older)
- Treatment for sexually transmitted infections (only minors 12 years or older)
- Acupuncture (the first two services per month; additional appointments will need a referral)
- Chiropractic services (when provided by FQHCs and RHCs)
- Podiatry services (when provided by FQHCs and RHCs)
- Initial mental health assessment



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

Minors also do not need a referral for:

- Outpatient mental health services for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy care
- Sexual assault care
- Drug and alcohol abuse treatment

Pre-approval

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

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval, even if you receive them from a doctor in the Health Plan of San Joaquin network:

- Hospitalization, if not an emergency
- Services out of the Health Plan of San Joaquin service area
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(2), Health Plan of San Joaquin will decide routine pre-approvals within 5 working days of when Health Plan of San Joaquin gets the information reasonably needed to decide.

For requests in which a doctor indicates or Health Plan of San Joaquin determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, Health Plan of San Joaquin will make an expedited (fast) pre-approval decision. Health Plan of San Joaquin will give notice as quickly as your health condition requires and no later than 72 hours after receiving the request for services.

Health Plan of San Joaquin does **not** pay the reviewers to deny coverage or services. If Health Plan of San Joaquin does not approve the request, Health Plan of San Joaquin will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

Health Plan of San Joaquin will contact you if Health Plan of San Joaquin needs more information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.

Second opinions

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

If you want to get a second opinion, you can choose an in-network doctor of your choice. For help choosing a doctor, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Health Plan of San Joaquin will pay for a second opinion if you or your network doctor asks for it and you get the second opinion from a network doctor. You do not need permission from Health Plan of San Joaquin to get a second opinion from a network doctor.

If there is no doctor in the Health Plan of San Joaquin network to give you a second opinion, Health Plan of San Joaquin will pay for a second opinion from an out-of-network doctor. Health Plan of San Joaquin will tell you within 5 business days if the doctor you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, Health Plan of San Joaquin will decide within 72 hours.

If Health Plan of San Joaquin denies your request for a second opinion, you may appeal. To learn more about appeals, go to page 61 in this handbook.

Women's health specialists

You may go to a women's health specialist within Health Plan of San Joaquin



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network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call Customer Service at 888.936.PLAN (7526) TTY/TDD 711. You may also call the 24/7 Nurse Advice Line at 800.655.8294

Timely access to care

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health doctor (non-doctor)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes
Initial prenatal care	10 business days

4. Benefits and services

What your health plan covers

This section explains all of your covered services as a member of Health Plan of San Joaquin. Your covered services are free as long as they are medically necessary and provided by an in-network doctor. Your health plan may cover medically necessary services from an out-of-network doctor but you must ask Health Plan of San Joaquin for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

Health Plan of San Joaquin offers these types of services:

- Outpatient (ambulatory) services
- Emergency services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Mental health services
- Substance use disorder treatment services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-term services and supports (LTSS)



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Read each of the sections below to learn more about the services you can get.

Medi-Cal benefits

Outpatient (ambulatory) services

- **Adult Immunizations**

You can get adult immunizations (shots) from a network pharmacy or network doctor without pre-approval. Health Plan of San Joaquin covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC).

- **Allergy care**

Health Plan of San Joaquin covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

- **Anesthesiologist services**

Health Plan of San Joaquin covers anesthesia services that are medically necessary when you receive outpatient care.

- **Chiropractic services**

Health Plan of San Joaquin covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services. Health Plan of San Joaquin may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- Children under age 21;
- Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility; or
- All members when services are provided at hospital outpatient departments, FQHC or RHC

- **Dialysis/hemodialysis services**

Health Plan of San Joaquin covers dialysis treatments. Health Plan of San Joaquin also covers hemodialysis (chronic dialysis) services if your doctor and Health Plan of San Joaquin approves it.

- **Outpatient surgery**

Health Plan of San Joaquin covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures require pre-approval (prior authorization).

- **Physician services**

Health Plan of San Joaquin covers physician services that are medically necessary.

- **Podiatry (foot) services**

Health Plan of San Joaquin covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

- **Treatment therapies**

Health Plan of San Joaquin covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Mental health services

- **Outpatient mental health services**

- The Health Plan of San Joaquin covers a member for an initial mental



health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health doctor in the Health Plan of San Joaquin network without a referral.

- Your doctor or mental health doctor will make a referral for additional mental health screenings to a specialist within the Health Plan of San Joaquin network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, Health Plan of San Joaquin can provide mental health services for you. Health Plan of San Joaquin covers these mental health services:
 - 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 purpose of monitoring medication therapy
 - Outpatient laboratory, medications, supplies and supplements
 - Psychiatric consultation
- For help finding more information on mental health services provided by Health Plan of San Joaquin, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.
- If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your doctor or your mental health doctor will refer you to the county mental health plan to receive an assessment. To learn more, read *“What your health plan does not cover”* on page 55.

Emergency services

▪ ***Inpatient and outpatient services needed to treat a medical emergency***

Health Plan of San Joaquin covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be in a hospital 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, anyone with an average knowledge of health and medicine could expect it to result in:

- Serious risk to your health; **or**
- Serious harm to bodily functions; **or**
- Serious dysfunction of any bodily organ or part; **or**
- In the case of a pregnant woman 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 may pose a threat to your health or safety or to that of your unborn child.

▪ ***Emergency transportation services***

Health Plan of San Joaquin covers ambulance services to help you get to the nearest place of care in emergency situations. This means that 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 U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Hospice and palliative care

Health Plan of San Joaquin covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

Hospice care is a benefit that services terminally ill members. It is intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.



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Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aid and homemaker services
- Medical supplies and appliances
- Drugs and biological services
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care 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.

Hospitalization

- **Anesthesiologist services**

Health Plan of San Joaquin covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a doctor who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

- **Inpatient hospital services**

Health Plan of San Joaquin covers medically necessary inpatient hospital care when you are admitted to the hospital.

- **Surgical services**

Health Plan of San Joaquin covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

Health Plan of San Joaquin covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Prenatal care
- Birthing center services
- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling

Prescription drugs

Covered drugs

Your doctor can prescribe you drugs that are on Health Plan of San Joaquin's Formulary, subject to exclusions and limitations. Health Plan of San Joaquin's Formulary is sometimes called a formulary. Drugs on the Formulary are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.

- Updating this list helps make sure the drugs on it are safe and effective.
- If your doctor thinks you need to take a drug that is not on this list, your doctor will need to call Health Plan of San Joaquin to ask for pre-approval before you get the drug.

To find out if a drug is on the Health Plan of San Joaquin Formulary or to get a copy of the formulary, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711 or visit www.hpsj.com.

Sometimes Health Plan of San Joaquin needs to approve a drug before a doctor can prescribe it. Health Plan of San Joaquin will review and decide these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. Health Plan of San Joaquin will pay for the emergency supply.
- If Health Plan of San Joaquin says no to the request, Health Plan of San Joaquin will send you a letter that lets you know why and what other drugs or treatments you can try.



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Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Health Plan of San Joaquin. You can find a list of pharmacies that work with Health Plan of San Joaquin in the Health Plan of San Joaquin Provider Directory at www.hpsj.com. You can also find a pharmacy near you by calling Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Once you choose a pharmacy, take your prescription to the pharmacy. Your doctor may also send it to the pharmacy for you. Give the pharmacy your prescription with your Health Plan of San Joaquin ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Rehabilitative and habilitative (therapy) services and devices

The plan covers:

- **Acupuncture**

Health Plan of San Joaquin covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services. Health Plan of San Joaquin may pre-approve (prior authorization) additional services as medically necessary.

- **Audiology (hearing)**

Health Plan of San Joaquin covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. Health Plan of San Joaquin may pre-approve (prior authorization) additional services as medically necessary.

- **Behavioral health treatments**

Behavioral health treatment (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 an individual.

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 and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

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

- **Cancer clinical trials**

Health Plan of San Joaquin covers a clinical trial if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

- **Cardiac rehabilitation**

Health Plan of San Joaquin covers inpatient and outpatient cardiac rehabilitative services.

- **Cosmetic Surgery**

Health Plan of San Joaquin does not cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.

- **Durable medical equipment (DME)**

Health Plan of San Joaquin covers the purchase or rental of medical supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. Health Plan of San Joaquin does not cover comfort, convenience or luxury equipment, features and supplies.



- **Enteral and parenteral nutrition**

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Health Plan of San Joaquin covers enteral and parenteral nutrition products when medically necessary.

- **Hearing aids**

Health Plan of San Joaquin covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. Health Plan of San Joaquin may also cover hearing aid rentals, replacements and batteries for your first hearing aid.

- **Home health services**

Health Plan of San Joaquin covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

- **Medical supplies, equipment and appliances**

Health Plan of San Joaquin covers medical supplies that are prescribed by a doctor.

- **Occupational therapy**

Health Plan of San Joaquin covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic and speech therapy services. Health Plan of San Joaquin may pre-approve (prior authorization) additional services as medically necessary.

- **Speech therapy**

Health Plan of San Joaquin covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy. Health Plan of San Joaquin may pre-approve (prior authorization) additional services as medically necessary.

- **Orthotics/prostheses**

Health Plan of San Joaquin covers orthotic and prosthetic devices and

services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical doctor. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

- ***Ostomy and urological supplies***

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

- ***Physical therapy***

Health Plan of San Joaquin covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

- ***Pulmonary rehabilitation***

Health Plan of San Joaquin covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

- ***Reconstructive Services***

Health Plan of San Joaquin 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, or disease.

- ***Skilled nursing facility services***

Health Plan of San Joaquin 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 skilled nursing care on a 24-hour per day basis.



- **Speech therapy**

Health Plan of San Joaquin covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic, occupational therapy and podiatry services. More services can be provided through Health Plan of San Joaquin pre-approval (prior authorization) as medically necessary.

- **Transgender Services**

Health Plan of San Joaquin covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Laboratory and radiology services

Health Plan of San Joaquin covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures are covered based on medical necessity.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- Health Resources and Service Administration's Bright Futures recommendations
- Preventive services for women recommended by the Institute of Medicine
- Smoking cessation services
- United States Preventive Services Task Force A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include some methods of birth control approved by the FDA. Health Plan of San Joaquin's doctor and ob/GYN specialists are available for family planning

services.

For family planning services, you may also choose a doctor or clinic not connected with Health Plan of San Joaquin without having to get pre-approval from Health Plan of San Joaquin. Services from an out-of-network doctor not related to family planning may not be covered. To learn more, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and 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 program eligibility requirements to join DPP. Call Health Plan of San Joaquin to learn more about the program and eligibility.

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services.
 - If you or your child are under 21 years old, Health Plan of San Joaquin covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.



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- Health Plan of San Joaquin will make appointments and provide transportation to help children get the care they need.
- Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. Health Plan of San Joaquin covers screening services, including lead blood level assessment, any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need. Health Plan of San Joaquin must make sure that all enrolled children get needed shots at the time of any health care visit.
- When a problem physical or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and Health Plan of San Joaquin is responsible for paying for the care, then Health Plan of San Joaquin covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy
 - Physical, speech/language, and occupational therapies
 - Home health services, which could be medical equipment, supplies, and appliances
 - Treatment for vision and hearing, which could be eyeglasses and hearing aids
 - Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
 - Case management, targeted 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.
- If the care is medically necessary and Health Plan of San Joaquin is not responsible for paying for the care, then Health

Plan of San Joaquin will help you get the right care you need. These services include:

- Treatment and rehabilitative services for mental health and substance use disorders
- Treatment for dental issues, which could be orthodontics
- Private duty nursing services

Vision services

The plan covers:

- Routine eye exam once every 24 months; Health Plan of San Joaquin may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lens) once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor, and they will prescribe the correct type of transportation to meet your medical condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. Health Plan of San Joaquin allows the lowest cost NEMT 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, Health Plan of San Joaquin will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or



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- place of treatment due to a physical or mental disability.
- It is approved in advance by Health Plan of San Joaquin with a written authorization by a doctor.

To ask for NEMT services that your doctor has prescribed, please call Health Plan of San Joaquin at 888.936.PLAN (7526) TTY/TDD 711 at least seven (7) to ten (10) business days (Monday-Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Limits of NEMT

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under Health Plan of San Joaquin when a doctor has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook.

Cost to member

There is no cost when transportation is authorized by Health Plan of San Joaquin.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

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

Health Plan of San Joaquin allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services.

Health Plan of San Joaquin provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to Health Plan of San Joaquin by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. Health Plan of San Joaquin allows the lowest cost NMT type that meets your medical needs.

To request NMT services that your doctor authorized, call Health Plan of San Joaquin at 888.936.PLAN (7526) TTY/TDD 711 at least seven (7) to ten (10) business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for receiving NMT to or from medical, dental, mental health and substance use disorder appointments when a doctor has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- The service is not covered by Medi-Cal.

Cost to member

There is no cost when transportation is authorized by Health Plan of San Joaquin.

Long-term services and supports (LTSS)

Health Plan of San Joaquin covers these LTSS benefits for members who qualify:

- Skilled nursing facility services as approved by Health Plan of San Joaquin



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- Home and Community Based Services as approved by Health Plan of San Joaquin

Telehealth services

Health Plan of San Joaquin may be able to provide some of your services through telehealth. Telehealth is a way of receiving services without being in the same physical location as your doctor. Telehealth may involve having a live video conversation with your doctor. Or telehealth may involve sharing information with your doctor without a live conversation. It is important that both you and your doctor agree that the use of telehealth for a particular service is appropriate for you. You can contact Health Plan of San Joaquin to determine which types of services Health Plan of San Joaquin may be able to provide to you through telehealth.

Coordinated Care Initiative (CCI) benefits

This is a list of minimum Coordinated Care Initiative (CCI) benefits. For details on CCI benefits, please go to the Coordinated Care Initiative (CCI) section of this handbook.

The plan covers:

- A network of doctors working together for you
- A personal care coordinator who will make sure you get the care and support you need
- A customized review of your health needs and care plan
- One health insurance card
- A nurse advice line to call 24 hours a day, 7 days a week

What your health plan does not cover

Other services you can get through Fee-For-Service (FFS) Medi-Cal

Sometimes Health Plan of San Joaquin does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Specialty mental health services

County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity rules. SMHS may include these outpatient, residential and inpatient services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services
 - Therapeutic behavioral services
 - Intensive care coordination (ICC)
 - Intensive home-based services (IHBS)
 - Therapeutic foster care (TFC)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call the county. To find all counties' toll-free telephone numbers online, visit

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

Substance use disorder services

The plan covers:

- Outpatient substance use disorder services, including residential treatment services



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Dental services

Medi-Cal covers some dental services, including:

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

If you have questions or want to learn more about dental services, call Denti-Cal at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at denti-cal.ca.gov.

Institutional long-term care

Health Plan of San Joaquin covers long-term care for the month you enter a facility and the month after that. Health Plan of San Joaquin does **not** cover long-term care if you stay longer.

Regular Medi-Cal covers your stay if it lasts longer than the month after you enter a facility. To learn more, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Services you cannot get through Health Plan of San Joaquin or Medi-Cal

There are some services that neither Health Plan of San Joaquin nor Medi-Cal will cover, including:

- California Children's Services (CCS)

Read each of the sections below to learn more. Or call Customer Service at

888.936.PLAN (7526) TTY/TDD 711.

California Children's Services (CCS)

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If Health Plan of San Joaquin or your PCP believes your child has a CCS condition, he or she will be referred to the CCS county program to be assessed for eligibility.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS doctors will treat him or her for the CCS condition. Health Plan of San Joaquin will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

Health Plan of San Joaquin does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the doctor, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- 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
- Seizures under certain circumstances



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

The State pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from Health Plan of San Joaquin.

To learn more about CCS, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Coordinated Care Initiative (CCI)
- Organ and tissue donation
- Diabetes Prevention Program (DPP)

Read each of the sections below to learn more about other programs and services for people with Medi-Cal.

Coordinated Care Initiative (CCI)

The California Coordinated Care Initiative (CCI) works to improve care coordination for dual eligibles (people who qualify for both Medi-Cal and Medicare). CCI has two main parts:

Managed long-term services and supports (MLTSS)

All Medi-Cal beneficiaries, including dual eligibles, must join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

To learn more about CCI, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Organ and tissue donation

Anyone 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 organdonor.gov.

Care coordination

Health Plan of San Joaquin offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Evaluation of new and existing technologies

- To ensure Health Plan of San Joaquin members receive safe and effective care Health Plan of San Joaquin has a formal process to assess emerging medical technologies and new uses for existing technologies. Requests for technology assessment may come from two sources:
- A member, participant, practitioner/doctor, or facility may request coverage for a new medical technology that is not recently included in the member's benefit package as described in their Evidence of Coverage.
- Health Plan of San Joaquin Case Managers, Physician Reviewers, or other staff may also recommend that a technology assessment be initiated



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Visit online at www.hpsj.com.

based on their ongoing scanning of the new developments in the health care field.

Requests for assessment of new medical technology are initialed by using Health Plan of San Joaquin's "New Medical Technology Review Request" for, which is located at www.hpsj.com.

You may send the completed for by:

- Email: umdepartment@hpsj.com
- Fax: 209.942.6302
- Or mail: Health Plan of San Joaquin

Attn: UM Department

7751 South Manthey Road

French Camp, CA 95231

5. Rights and responsibilities

As a member of Health Plan of San Joaquin, 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 Health Plan of San Joaquin.

Your rights

Health Plan of San Joaquin members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a primary care doctor within Health Plan of San Joaquin's network.
- To participate in decision making 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 received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer or limit services or benefits.
- To receive oral interpretation services for your language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To disenroll upon request. Members that can request expedited



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disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.

- To access Minor Consent Services.
- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions 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 receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by Health Plan of San Joaquin, your doctors or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside Health Plan of San Joaquin's network pursuant to the federal law.

Your responsibilities

Health Plan of San Joaquin members have these responsibilities:

- Be familiar with and ask questions about your health plan coverage. If you have questions you should contact Customer Service at 888.936.PLAN (7526) TTY/TDD 711.
- Follow the advice and care procedures indicated by your doctors, Health Plan of San Joaquin and the program.
- Request interpreter services at least five (5) business days before your scheduled appointment.
- Call your doctor or pharmacy at least three (3) days before you run out of

medication.

- Treat your doctors and all their staff with respect. This includes being on time to appointments and calling to reschedule or cancel.
- Understand that your doctor's office may have limited seating for patients and caregivers only.
- Give accurate information to Health Plan of San Joaquin, your doctor's office, and any other doctor in order to receive the best care possible.
- Understand your health problems and work with your doctor to develop mutually agreed upon treatment goals.
- Ask your doctor questions if you do not understand what they are saying.
- Care for your own health. Live a healthy lifestyle, exercise, eat a good diet, and don't smoke.
- Avoid knowingly spreading disease to others.
- Report any wrong doing or fraud to Health Plan of San Joaquin.
- Understand that there are risks in receiving health care and limits to what can be done for you medically.
- Understand that it is a health care doctors duty to be efficient and fair in caring for you as well as other patients.

Notice of privacy practices

A STATEMENT DESCRIBING Health Plan of San Joaquin POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST

Health Plan of San Joaquin Notice of Privacy Practices are attached at the end of this document and can also be found at www.hpsj.com. Additional details may be found at

<http://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Notice-of-Privacy-Practices-English.pdf>.



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

Sometimes someone else has to pay first for the services Health Plan of San Joaquin provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call 1-916-445-9891.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. Health Plan of San Joaquin will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain

deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more about the estate recovery, call 1-916-650-0490. Or get legal advice.

Notice of Action

Health Plan of San Joaquin will send you a Notice of Action (NOA) letter any time Health Plan of San Joaquin denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with Health Plan of San Joaquin.



6. Reporting and solving problems

There are two kinds of problems that you may have with Health Plan of San Joaquin:

- A **complaint** (or **grievance**) is when you have a problem with Health Plan of San Joaquin or a doctor, or with the health care or treatment you got from a doctor
- An **appeal** is when you don't agree with Health Plan of San Joaquin's decision not to cover or change your services

You can use the Health Plan of San Joaquin grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact Health Plan of San Joaquin first to let us know about your problem. Call us between Monday – Friday 8:00 a.m.- 6:00 p.m. at 888.936.PLAN (7526) TTY/TDD 711 to tell us about your problem. This will not take away any of your legal rights. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) at 1-888-HMO-2219 (TTY 1-877-688-9891).

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, between 8:00 a.m. and 5:00 p.m.

at 1-888-452-8609.

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 Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

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

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from Health Plan of San Joaquin or a doctor. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

- **By phone:** Call Health Plan of San Joaquin's Customer Service at 888.936.PLAN (7526) TTY/TDD 711 between 8:00 a.m. to 6:00 p.m. Monday through Friday. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call Health Plan of San Joaquin's at Customer Service at 888.936.PLAN (7526) TTY/TDD 711 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 Joaquin
Attn: Grievance Coordinator
7751 South Manthey Road
French Camp, CA 95231

Your doctor's office will have complaint forms available.

- **Online:** Visit the Health Plan of San Joaquin website. Go to www.hpsj.com.



- **Fax:** (209) 942-6355

If you need help filing your complaint, we can help you. We can give you free language services. Call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call Health Plan of San Joaquin 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 receive a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint 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 us at Customer Service at 888.936.PLAN (7526) TTY/TDD 711. We will make a decision within 72 hours of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for Health Plan of San Joaquin to review and change a decision we made about coverage for a requested service. 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 file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date Health Plan of San Joaquin says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

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

- **By phone:** Call Health Plan of San Joaquin at 888.936.PLAN (7526) TTY/TDD 711 between 8:00a.m. to 6:00p.m. Monday through Friday. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call Health Plan of San Joaquin at 888.936.PLAN (7526) TTY/TDD

711 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 Joaquin
Attn: Grievance Coordinator
7751 South Manthey Road
French Camp, CA 95231

Your doctor's office will have appeal forms available.

- **Online:** Visit the Health Plan of San Joaquin website. Go to www.hpsj.com.
- **Fax:** (209) 942-6355

If you need help filing your appeal, we can help you. We can give you free language services. Call 888.936.PLAN (7526) TTY/TDD 711.

Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision.

If you or your doctor wants us to make a fast decision because the time it takes to resolve 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 888.936.PLAN (7526) TTY/TDD 711. We will make a decision within 72 hours of receiving your appeal.

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

If you filed an appeal and received a letter from Health Plan of San Joaquin telling you we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from Department of Social Services, and a judge will review your case.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

- Ask for an **Independent Medical Review (IMR)** from DMHC, and an outside reviewer who is not part of Health Plan of San Joaquin will review your case.

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

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

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

Independent Medical Reviews (IMR)

An IMR is when an outside reviewer who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with Health Plan of San Joaquin. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger.

Here is how to ask for an IMR. The term "grievance" is for "complaints" and "appeals":

The California Department of Managed Health Care (the Department) regulates health care service plans. If you have a grievance against your health plan, you should first call your health plan at 888.936.PLAN (7526) TTY/TDD 711. Use your health plan's grievance process before you call the Department. Using this grievance process does **not** take away your legal rights or remedies.

If you need help with a grievance about an emergency, a grievance that your health plan could not solve or one that has not been resolved for more than 30 days, you may call the Department for help. You may also qualify for an IMR.

If you qualify for an IMR, there will be an impartial review of medical decisions

the health plan made about the medical necessity of a proposed service or treatment, coverage decisions for experimental or investigational treatments, and payment disputes for emergency or urgent medical services.

The Department's toll-free telephone number is 1-888-HMO-2219 (TTY 1-877-688-9891). You can get claim forms, IMR applications and online instructions on the Department website at <http://www.hmohelp.ca.gov>.

State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (DSS). A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with Health Plan of San Joaquin and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days, and you have not requested an IMR.

You must ask for a State Hearing within 120 days from the date on the notice telling you of the appeal decision. Your doctor can ask for a State Hearing for you with your written permission and if he or she gets approval from DSS. You can also call DSS to ask the State to approve your doctor's request for a State Hearing.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the DSS Public Response Unit at 1-800-952-5253 (TTY/TDD 1-800-952-8349).
- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call Customer Service at 888.936.PLAN (7526) TTY/TDD 711.

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. Health Plan of San Joaquin must



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
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Visit online at www.hpsj.com.

follow what the judge decides.

If you want the DSS 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 or your doctor can contact the DSS and ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your complete case file from Health Plan of San Joaquin.

Fraud, waste and abuse

If you suspect that a doctor or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Doctor fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service

Fraud, waste and abuse by a person who gets benefits includes:

- 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 doctor
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

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

Send your report to:

Health Plan of San Joaquin Attn: Compliance Department
7751 Manthey Road
French Camp, CA 95231
FWA Hotline: 1.855.400.6002

7. Important numbers and words to know

Important phone numbers

- Health Plan of San Joaquin's Customer Service 888.936.PLAN (7526)
TTY/TDD 711

Words to know

Active labor: The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden, requires fast medical attention and does not last a long time.

Appeal: A member's request for Health Plan of San Joaquin 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 program that provides services for children up to age 21 with certain diseases and health problems.

California Health and Disability Prevention (CHDP): A public health program that reimburses public and private health care doctors for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your doctor can provide CHDP services.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your doctor.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Service Facility 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 Health Plan of San Joaquin, a doctor, or the quality of care or quality of services provided. 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 doctor for up to 12 months, if the doctor and Health Plan of San Joaquin agree.

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. Enrolled recipients choose their health care doctor from among all COHS doctors.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services): The health care services provided to members of Health Plan of San Joaquin, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

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

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO 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): Equipment that is medically necessary and ordered by your doctor or other doctor. Health Plan of San Joaquin decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and periodic screening, diagnosis and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room 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 receive emergency medical care.

Enrollee: A person who is a member of a health plan and receives services through the plan.

Excluded services: Services not covered by Health Plan of San Joaquin; non-covered services.



Call customer service toll free at 888.936.PLAN (7526) TTY/TDD 711.
Health Plan of San Joaquin is open Monday – Friday, 8:00 a.m. – 6:00 p.m.
Visit online at www.hpsj.com.

Family planning services: Services to prevent or delay pregnancy.

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

Fee-For-Service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept “straight” Medi-Cal and bill Medi-Cal directly for the services you got.

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

Formulary: A list of drugs or items that meet certain criteria and are approved for members.

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 woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about Health Plan of San Joaquin, a doctor, or the quality of care or services provided. A complaint is the same as a grievance.

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

Health Care Options (HCO): The program that can enroll you in or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with Health Plan of San Joaquin or are in the Health Plan of San Joaquin network. Health Plan of San Joaquin network doctors must have a license to practice in California and give you a service Health Plan of San Joaquin covers.

You usually need a referral from your doctor to go to a specialist. Your doctor must get pre-approval from Health Plan of San Joaquin before you get care

from the specialist.

You do **not** need a referral from your doctor for some types of service, such as family planning, emergency care, ob/gyn care or sensitive services.

Types of health care doctors:

- Audiologist is a doctor who tests hearing.
- Certified nurse midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor with special training in internal medicine, including diseases.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care doctors, such as nurse-midwives, physician assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician/gynecologist (ob/gyn) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a doctor who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a doctor who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.



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- Respiratory therapist is a doctor who helps you with your breathing.
- Speech pathologist is a doctor who helps you with your speech.

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 doctor directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: doctors who give you skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than 6 months).

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Long-term care: Care in a facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. Health Plan of San Joaquin is a managed care plan.

Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medically necessary (or medical necessity): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medicare: The federal health insurance program for people 65 years of age or

older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with Health Plan of San Joaquin who is entitled to receive covered services.

Mental health services provider: Licensed individuals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals and other doctors contracted with Health Plan of San Joaquin to provide care.

Network provider (or in-network doctor): Go to "Participating doctor."

Non-covered service: A service that Health Plan of San Joaquin does not cover.

Non-Emergency Medical Transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. Health Plan of San Joaquin pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-formulary drug: A drug not listed in the drug formulary.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your doctor.

Non-participating provider: A doctor not in the Health Plan of San Joaquin network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

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

Out-of-network provider: A doctor who is not part of the Health Plan of San



Joaquin network.

Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purpose of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

Palliative care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital: A licensed hospital that has a contract with Health Plan of San Joaquin to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by Health Plan of San Joaquin's utilization review and quality assurance policies or Health Plan of San Joaquin'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 Health Plan of San Joaquin to offer covered services to members at the time a member receives care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Services you receive after an emergency medical condition is stabilized.

Pre-approval (or prior-authorization): Your PCP must get approval from Health Plan of San Joaquin before you get certain services. Health Plan of San Joaquin will only approve the services you need. Health Plan of San Joaquin will not

approve services by non-participating doctors if Health Plan of San Joaquin believes you can get comparable or more appropriate services through Health Plan of San Joaquin doctors. A referral is not an approval. You must get approval from Health Plan of San Joaquin.

Premium: An amount paid for coverage; cost for coverage.

Prescription drug coverage: Coverage for medications prescribed by a doctor.

Prescription drugs: A drug that legally requires an order from a licensed doctor to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

Preferred drug list (PDL): A chosen list of drugs approved by this health plan from which your doctor may order for you. Also called a formulary.

Primary care: Go to "Routine care."

Primary care provider (PCP): The licensed doctor you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need ob/gyn care.
- You need sensitive services.
- You need family planning care.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- Ob/gyn
- FQHC or RHC
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): A formal process requiring a health care doctor to get approval to provide specific services or procedures.

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



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Provider Directory: A list of doctors in Health Plan of San Joaquin's network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your PCP says you can get care from another doctor. Some covered care services require a referral and pre-approval.

Routine care: Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care doctors. You can get primary and preventive care at an RHC.

Sensitive services: Medically necessary services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

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

Service area: The geographic area Health Plan of San Joaquin serves. This includes the counties of San Joaquin and Stanislaus.

Skilled nursing care: Covered services provided by licensed nurses, technicians and/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 may give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.

Specialty mental health services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services
 - Therapeutic behavioral services
 - Intensive care coordination (ICC)
 - Intensive home-based services (IHBS)
 - Therapeutic foster care (TFC)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency



illness, injury or condition that requires medical care. You can get urgent care from an out-of-network doctor if network doctors are temporarily not available or accessible.

Quote copy

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
-

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
-

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
-

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
-



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**Get a list
of those with
whom we've
shared
information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of
this privacy
notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone
to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if
you feel your
rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information



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Our Uses and Disclosure

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

continued on next page

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.



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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organizations.

*Health Plan of San Joaquin
7751 S. Manthey Road
French Camp, CA 95231*

You may contact our Compliance Department for any questions or concerns regarding your privacy at privacyofficer@hpsj.com or 888.936.PLAN (7526) TTY/TDD 711 or visit www.hpsj.com

The effective date of this notice is March 5, 2018

Health Plan of San Joaquin

7751 S. Manthey Road, French Camp, CA 95231

1025 J Street, Modesto, CA 95354

**Health Plan of San Joaquin
Service Area**

