

Member Handbook



What you need to know about your benefits

Anthem Blue Cross Combined Evidence
of Coverage (EOC) and Disclosure Form

2020

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 1-800-407-4627 (TTY 1-888-757-6034). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font large print and audio. Call 1-800-407-4627 (TTY 1-888-757-6034). The call is toll free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call 1-800-407-4627 (TTY 1-888-757-6034). The call is toll free.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Do you need help with your health care, talking with us or reading what we send you? We provide our materials in other languages and formats, including Braille, large print and audio at no cost to you. Call us toll free at 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos, incluyendo Braille, letras grandes y audio sin costo para usted. Llámenos a la línea gratuita al 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal).

您在醫療保健、向我們諮詢、或是閱讀我們寄給您的資料時有需要任何的幫助嗎？我們以其他語言和格式提供我們的資料，包括點字、大型字體印刷和音訊格式，您無需支付任何費用。請撥打免費電話 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal)。

Kailangan ninyo ba ng tulong sa inyong pangangalagang pangkalusugan, sa pamamagitan ng pakikipag-usap sa amin o pagbasa kung ano ang ipinapadala namin sa inyo? Nagbibigay kami ng aming mga materyal sa ibang mga wika at anyo, kasama ang Braille, malaking titik at audio na wala kayong gagastusin. Tawagan kami nang walang bayad sa 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal).

Quý vị có cần chúng tôi giúp với việc chăm sóc sức khỏe của quý vị, trao đổi với chúng tôi, hoặc đọc những tài liệu chúng tôi gửi cho quý vị hay không? Chúng tôi cung cấp các tài liệu bằng các ngôn ngữ và định dạng khác, bao gồm chữ nổi, chữ in lớn và âm thanh, miễn phí cho quý vị. Gọi cho chúng tôi theo số miễn phí 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal).

의료 서비스, 당사와의 소통 또는 당사에서 보내는 자료 읽기와 관련해 도움이 필요하십니까? 점자, 대형 인쇄물, 오디오 등을 비롯하여 다른 언어나 형식으로 자료를 무료로 제공해 드립니다. 무료 전화번호 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal). (으)로 문의해 주십시오.

Դուք օգնության կարիք ունե՞ք Ձեր առողջապահական խնամքի, մեզ հետ խոսելու կամ մեր կողմից Ձեզ ուղարկվածը կարդալու հարցում: Մենք մեր կյուբերը Ձեզ անվճար տրամադրում ենք այլ լեզուներով և ձևաչափերով, այլ թվում Բրայլով, մեծ տպագրությամբ և աուդիո տարբերակով: Զանգահարեք մեզ անվճար 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal) հեռախոսահամարով:



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Other languages and formats

آیا در رابطه با مراقبت بهداشتی درمانی خود، گفتگو با ما یا خواندن مطالب ارسالی به شما، به کمک نیاز دارید؟ ما مطالب خود را به سایر زبانها و قالبها شامل خط بریل، چاپ درشت و صوتی، به صورت رایگان به شما ارائه می‌دهیم. با خط رایگان ما به شماره 1-888-285-7801 (TTY 711) (L.A. Care) 1-800-407-4627 ; (Medi-Cal) (TTY 1-888-757-6034) تماس بگیرید.

هل تحتاج إلى مساعدة بخصوص رعايتك الصحية أو التحدث معنا أو قراءة ما نرسله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى، بما في ذلك بطريقة بريل والطباعة بحروف كبيرة والملفات الصوتية، بدون أي تكلفة عليك. اتصل بنا على رقم الهاتف المجاني 1-888-285-7801 (TTY 711) (L.A. Care) 1-800-407-4627 ; (Medi-Cal) (TTY 1-888-757-6034).

Вам нужна помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Мы можем бесплатно предоставить вам материалы на других языках и в других форматах, включая шрифт Брайля, крупный шрифт или аудиоформат. Позвоните нам бесплатно по телефону 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal).

क्या आपको अपनी स्वास्थ्य देखभाल के लिए, हमसे बात करने के लिए या जो हम आपको भेजते हैं उसे पढ़ने के लिए, मदद की ज़रूरत है? हम अपनी सामग्री को अन्य भाषाओं और प्रारूपों में आपको बिना किसी लागत के उपलब्ध कराते हैं, जिसमें ब्रेल, बड़े प्रिंट और ऑडियो शामिल हैं। 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal) पर टोल फ्री कॉल करें।

ヘルスケアに関してご質問やご相談はありませんか？当社からお送りした資料のことでお困りですか？資料は英語以外の言語のほか点字や読みやすい大きな活字、音声版もご用意しています。いずれも無料です。フリーダイヤル 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal) までお電話ください。

តើលោកអ្នកត្រូវការជំនួយជាមួយនឹងការថែទាំសុខភាពរបស់លោកអ្នកពិគ្រោះជាមួយយើងខ្ញុំ ឬអាននូវអ្វីដែលយើងខ្ញុំផ្ញើជូនលោកអ្នកឬ? យើងផ្តល់ជូនឯកសាររបស់យើងជាភាសា និងទម្រង់ផ្សេងទៀតដែលរួមមានអក្សរសម្រាប់ជនពិការភ្នែក អក្សរបោះពុម្ពធំៗ និងជាសំឡេងដោយមិនគិតថ្លៃពីលោកអ្នកឡើយ។ សូមហៅមកកាន់លេខទូរស័ព្ទឥតគិតថ្លៃគឺលេខ 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal)។

Koj puas xav tau kev pab hais txog kev saib xyuas mob nkeeg rau koj, tham nrog peb lossis pab nyeem daim ntawv peb xa tuaj rau koj? Peb pab txhais cov ntaub ntawv pub dawb rau koj xws li muab txais ua lwm hom ntawv thiab muab sau ua lwm yam xws li Cov Ntawv Sau Rau Cov Neeg Dig Muag Xuas, muab luam tawm kom loj thiab kaw ua suab lus. Hu rau peb tus xov tooj hu dawb 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal).



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Other languages and formats

ਕੀ ਤੁਹਾਨੂੰ ਆਪਣੀ ਸਿਹਤ ਸੰਭਾਲ ਦੇ ਲਈ, ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਜਾਂ ਜੇ ਅਸੀਂ ਤੁਹਾਨੂੰ ਭੇਜਦੇ ਹਾਂ, ਉਸਨੂੰ ਪੜ੍ਹਨ ਲਈ ਮਦਦ ਦੀ ਜ਼ਰੂਰਤ ਹੈ? ਅਸੀਂ ਆਪਣੀ ਸਮੱਗਰੀ ਨੂੰ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ ਮੁਹੱਈਆ ਕਰਵਾਉਂਦੇ ਹਾਂ, ਜਿਸ ਵਿੱਚ ਬ੍ਰੇਲ, ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਆਡੀਓ ਸ਼ਾਮਲ ਹਨ। 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal) ਤੇ ਸਾਨੂੰ ਟੈਲ ਫ਼ੀ ਕਾਲ ਕਰੋ।

ທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອກ່ຽວກັບການເບິ່ງແຍງດູແລສຸຂະພາບຂອງທ່ານ, ລົມກັບພວກເຮົາ ຫຼື ອ່ານສິ່ງທີ່ພວກເຮົາສົ່ງໃຫ້ທ່ານບໍ່? ພວກເຮົາສະໜອງເອກະສານຂອງພວກເຮົາໃຫ້ເປັນພາສາອື່ນ ແລະ ຢູ່ໃນຜິວແມັດຕ່າງໆ, ລວມທັງຕົວໜັງສືພູມ, ການພິມເປັນຕົວໃຫຍ່ ແລະ ອລິບສຽງໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາພວກເຮົາພຣີໄດ້ທິເບີ 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal).

คุณต้องการได้รับความช่วยเหลือเกี่ยวกับการดูแลสุขภาพของคุณ การปรึกษาเรา หรือการอ่านข้อมูลที่เราส่งให้คุณหรือไม่ เราให้บริการข้อมูลในภาษาและรูปแบบอื่นๆ รวมถึง อักษรเบรลล์ ตัวอักษรขนาดใหญ่ และข้อความเสียง โดยไม่คิดค่าใช้จ่าย โทรหาเราฟรีที่ 1-888-285-7801 (TTY 711) (L.A. Care); 1-800-407-4627 (TTY 1-888-757-6034) (Medi-Cal).



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Notice of non-discrimination

Discrimination is against the law. Anthem follows state and federal civil rights laws. Anthem 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.

Anthem provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats and other formats).
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, call Anthem at 1-800-407-4627 (TTY 1-888-757-6034). We are open Monday through Friday from 7 a.m. to 7 p.m. Pacific time.

If you believe that Anthem 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 Anthem's Grievance Coordinator. You can file a grievance in person, in writing, by phone or by email:

Attn: Grievance Coordinator
Anthem Blue Cross
P.O. Box 60007
Los Angeles, CA 90060-0007
1-800-407-4627 (TTY 1-888-757-6034)



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Notice of non-discrimination

If you need help filing a grievance, our grievance coordinator 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 Ave., 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>.



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Welcome to Anthem!

Thank you for joining Anthem. Anthem is a health plan for people who have Medi-Cal. Anthem 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 Anthem. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of Anthem. 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 Anthem rules and policies and based on the contract between Anthem and 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 the Customer Care Center.

Call 1-800-407-4627 (TTY 1-888-757-6034) to ask for a copy of the contract between Anthem and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the Anthem website at www.anthem.com/ca/medi-cal to view the Member Handbook. You may also request, at no cost, a copy of the Anthem non-proprietary clinical and administrative policies and procedures, or how to access this information on the Anthem website.

Contact us

Anthem is here to help. If you have questions, call 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. You can also visit online at any time at www.anthem.com/ca/medi-cal.

Thank you,
Anthem Blue Cross

P.O. Box 9054
Oxnard, CA 93031-9054



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1. Getting started as a member

How to get help

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

Customer Care Center

Anthem's Customer Care Center is here to help you. Anthem can:

- Answer questions about your health plan and covered services.
- Help you choose or change a primary care provider (PCP).
- Tell you where to get the care you need.
- Offer interpreter services if you do not speak English.
- Offer information in other languages and formats.

If you need help, call 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free.

You can also visit online at any time at www.anthem.com/ca/medi-cal.

Who can become a member

You qualify for Anthem because you qualify for Medi-Cal and live in one of these counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Inyo, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, Santa Clara, Sierra, Sutter, Tehama, Tulare, Tuolumne or Yuba. You may also qualify for Medi-Cal through Social Security. For beneficiaries receiving SSI/SSP, visit www.ssa.gov/locator to get help or call 1-866-213-9294. Members can call between 5:30 a.m. and 4:30 p.m. Pacific time, Monday through Friday. TTY users should call 711. You can apply for SSI benefits



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

at your local Social Security Office or by calling Social Security at 1-800-772-1213 or 1-800-325-0778 (TTY). Papers will be mailed to you to fill out. For more information on how to apply go to www.ssa.gov

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).

For more details, contact your county directly.

County	Phone number	Address
Alameda	1-888-999-4772	24100 Amador St., Hayward, CA 94544
Alpine	1-530-694-2235, ext. 231	75-A Diamond Valley Road, Markleeville, CA 96120
Amador	1-209-223-6550	10877 Conductor Blvd., Ste. #200, Sutter Creek, CA 95685
Butte	1-877-410-8803	78 Table Mountain Blvd., Oroville, CA 95965
Calaveras	1-209-754-6448	509 E. St. Charles St., San Andreas, CA 95249-9701
Colusa	1-530-458-0250	251 E. Webster St., Colusa, CA 95932
Contra Costa	1-800-709-8348	(Please call for nearest office location)
El Dorado	1-530-642-7300	3057 Briw Road, Ste. A, Placerville, CA 95667-1637



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Fresno	1-855-832-8082 call center, toll free	
Glenn	1-530-934-6514	929 Koster St., Eureka, CA 95501
Inyo	1-760-872-1394	920 N. Main St., Bishop, CA, 93514
Kings	1-877-410-8813 toll free	1400 W. Lacey Blvd., Building #8, Hanford, CA 93230
Madera	1-559-675-2300	720 E. Yosemite Ave., Madera, CA 93639-0569
Mariposa	1-209-966-2000	5362 Lemee Lane, P.O. Box 99, Mariposa, CA 95338
Mono (South)	1-760-924-1770	452 Old Mammoth Road, 3rd Floor, P.O. Box 2969, Mammoth Lakes, CA 93546
Mono (North)	1-760-932-5600	85 Emigrant St., P.O. Box 576, Bridgeport, CA 93517
Nevada	1-530-265-1340	950 Maidu Ave., P.O. Box 1210, Nevada City, CA 95959
Placer (Auburn)		11542 B. Ave., Auburn, CA 95603
Placer (Rocklin)		1000 Sunset Blvd., Ste. 220, Rocklin, CA 95765
Placer (North Tahoe)	1-888-385-5160 toll free	5225 N. Lake Blvd., Carnelian Bay, CA 96140
Plumas	1-530-283-6350	270 County Hospital Road, Ste. 207, Quincy, CA 95971
Sacramento	1-916-874-3100	1725 28th St., Sacramento, 95816-9915
San Benito	1-831-636-4180	1111 San Felipe Road, Ste. 206, Hollister, CA 95023-3801
San Francisco	1-415-558-4700	1440 Harrison St., San Francisco, CA 94120



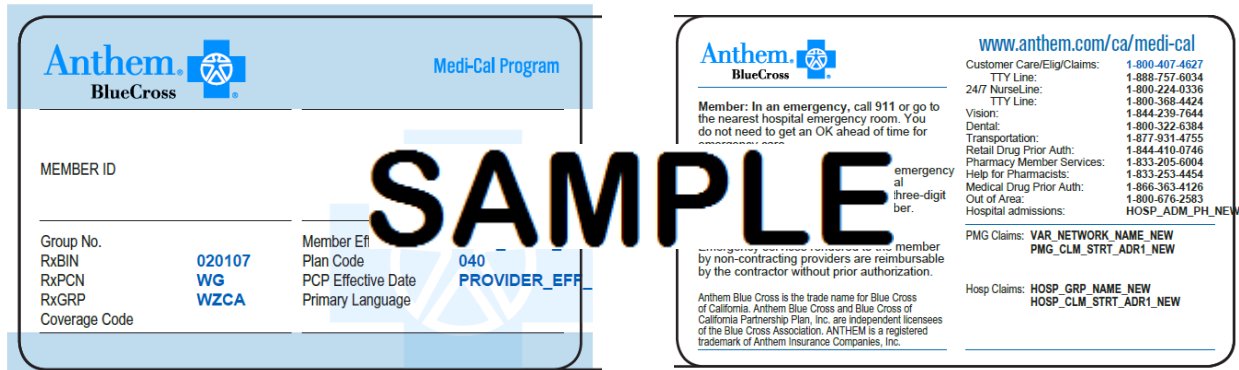
Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Santa Clara	1-408-758-3800	1867 Senter Road, San Jose, CA 95112
Sierra	1-530-993-6721	202 Front St., P.O. Box 1019, Loyalton, CA 96118
Sutter	1-877-652-0735	539 Garden Highway, P.O. Box 1535, Yuba City, CA 95991
Tehama	1-530-527-1911	310 S. Main St., P.O. Box 1515, Red Bluff, CA 96080
Tulare	1-800-540-6880 toll free	Call for nearest office.
Tuolumne	1-209-533-5711	20075 Cedar Road North, Sonora, CA 95370
Yuba	1-877-652-0739	5730 Packard Ave., Ste. 100, P.O. Box 2320, Marysville, CA 95901

Identification (ID) cards

As a member of Anthem, you will get an Anthem ID card. You must show your Anthem 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 Anthem ID card to show you what yours will look like:



If you do not get your Anthem ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call the Customer Care Center right away. Anthem will send you a new card for free. Call 1-800-407-4627 (TTY 1-888-757-6034).



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Ways to get involved as a member

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

Community Advisory Committee

Anthem has a group called the Community Advisory Committee. This group is made up of Community Advisory Committee members. Joining this group is voluntary. The group talks about how to improve Anthem policies and is responsible for:

- Identifying opportunities to increase members access to care.
- Suggesting how Anthem can improve its services.
- Providing input on the cultural and linguistic needs assessment.

We are looking for:

- Anthem members or a parent/caregiver of a member.
- Seniors and people with disabilities.
- Community-based organization and advocate groups.

Members may qualify for transportation vouchers or gift cards.

If you would like to be a part of this group, call 1-800-407-4627 (TTY 1-888-757-6034).

The best way to improve our services is by listening to our members, we welcome you to call us at any time to provide feedback. Members also have the opportunity to provide feedback through a number of surveys over the phone, by mail or in person.

If you take part in member surveys, you may qualify for transportation vouchers or gift cards. For more information, call 1-800-407-4627 (TTY 1-888-757-6034).



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

2. About your health plan

Health plan overview

Anthem is a health plan for people who have Medi-Cal in these service areas: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glen, Inyo, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, Santa Clara, Sierra, Sutter, Tehama, Tulare, Tuolumne or Yuba counties. Anthem works with the State of California to help you get the health care you need.

You may talk with one of the Anthem Customer Care Center representatives to learn more about the health plan and how to make it work for you. Call 1-800-407-4627 (TTY 1-888-757-6034).

When your coverage starts and ends

When you enroll in Anthem, you should receive an Anthem member ID card within two weeks of enrollment. Please show this card every time you go for any service under the Anthem plan.

You may ask to end your Anthem 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 Anthem can no longer serve you. Anthem must end your coverage if:

- You move out of the county or 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).



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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 Anthem 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

Anthem is a health plan contracted with DHCS. Anthem 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. Anthem works with doctors, hospitals, pharmacies and other health care providers in the Anthem service area to give health care to you, the member.

The Customer Care Center will tell you how Anthem works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services.

To learn more, call 1-800-407-4627 (TTY 1-888-757-6034). You can also find member service information online at www.anthem.com/ca/medi-cal.

Changing health plans

You may leave Anthem 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 between 8 a.m. and 6 p.m. Monday through Friday. Or visit <https://www.healthcareoptions.dhcs.ca.gov>.

It takes 15-45 days to process your request to leave Anthem. 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 Anthem 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.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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 Anthem 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).

College students who move to a new county

If you move to a new county in California to attend college, Anthem 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 Anthem 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 Anthem regular network of providers located in the head of the household's county of residence.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Continuity of care

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

Anthem will provide continuity of care with an out-of-network provider when all of these conditions apply:

1. Anthem determines the member has an existing relationship with the provider (self-attestation is not sufficient to provide proof of a relationship with a provider).
 - a. An existing relationship means the member has seen an out-of-network provider or specialist for a nonemergency visit at least once during the 12 months before their initial enrollment date with Anthem.
2. The provider is willing to accept the higher of Anthem contract rates or Medi-Cal FFS rates.
3. The provider meets Anthem applicable professional standards and has no disqualifying quality of care issues.
4. The provider is a California State Plan approved provider.
5. The provider gives Anthem all relevant treatment information and a current treatment plan, as long as it is allowable under federal and state privacy laws and regulations, to determine medical necessity.

Providers who leave Anthem

If your provider stops working with Anthem, you may be able to keep getting services from that provider. This is another form of continuity of care. Anthem provides continuity of care services for:

- An active course of treatment for an acute medical or behavioral health condition.
- An active course of treatment for a serious chronic condition.
- Pregnancy, regardless of trimester.
- A terminal illness.
- A newborn child between the ages of birth and 36 months.
- An Anthem or delegated provider-authorized surgery or other procedure that is scheduled to occur within 180 days of the contract's termination or within 180 days of the effective date of coverage for a newly covered enrollee.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Anthem is not required to provide continuity of care for services not covered by Medi-Cal. Also provider continuity of care protections do not extend to these providers: durable medical equipment, transportation, other ancillary services and carved out services.

To learn more about continuity of care and eligibility qualifications, call the Customer Care Center.

Costs

Member costs

Anthem serves people who qualify for Medi-Cal. Anthem 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 Anthem for that month. You will not be covered by Anthem 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 Anthem doctor. If you are a member with a share of cost, you do not need to choose a PCP.

How a provider gets paid

Anthem pays providers in these ways:

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



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

To learn more about how Anthem pays providers, call 1-800-407-4627 (TTY 1-888-757-6034).

Asking Anthem to pay a bill

If you get a bill for a covered service, call the Customer Care Center right away at 1-800-407-4627 (TTY 1-888-757-6034).

If you pay for a service that you think Anthem should cover, you can file a claim. Use a claim form and tell Anthem in writing why you had to pay. Call 1-800-407-4627 (TTY 1-888-757-6034) to ask for a claim form. Anthem will review your claim to decide if you can get money back.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

3. How to get care

Getting health care services

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

You can begin to get health care services on your effective date of coverage. Always carry your Anthem ID card and Medi-Cal BIC card with you. Never let anyone else use your Anthem ID card or BIC card.

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

You may choose the same PCP or different PCPs for all family members in Anthem.

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 the Anthem network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-800-407-4627 (TTY 1-888-757-6034).

If you cannot get the care you need from a participating provider in the Anthem network, your PCP must ask Anthem for approval to send you to an out-of-network provider.

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

Initial health assessment (IHA)

Anthem 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.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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

Take your BIC card and your Anthem 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. Anthem 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.
- Refer (send) you to specialists if needed.
- Order X-rays, mammograms or lab work if you need them.

When you need routine care, you will call your 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.

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 Anthem'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.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

For urgent care, call your PCP. If you cannot reach your PCP, call 1-800-407-4627 (TTY 1-888-757-6034). Or you can call our 24/7 NurseLine at 1-800-224-0336 (TTY 1-800-368-4424).

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 at 1-800-407-4627 that is available 24 hours a day, seven days a week. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

LiveHealth Online (LHO)

LiveHealth Online (LHO) is a website and mobile application providing Anthem members 24/7 access to on-demand video visits (medical) at no cost. It has an urgent care focus and provides convenient access anytime, anywhere in California (even at home!) via smartphone, tablet or computer.

LHO connects patients with board-certified physicians supporting physical and behavioral health. Physicians can electronically prescribe to the member's pharmacy. Note: Only noncontrolled substances can be prescribed.

- Members can get 24/7 help by calling 1-888-548-3432, by downloading the free LiveHealth Online mobile app or by going to livehealthonline.com to register.
- For urgent prescription assistance after an online visit, members can call 1-888-982-7956.
- For those who use telecommunications assistance, we accept calls from Telecommunications Relay Service (711).

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 Anthem.

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.
- Drug overdose.
- Fainting.
- Psychiatric emergency condition.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

- Severe bleeding.
- Severe burn.
- Severe pain, especially in the chest.

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 NurseLine at 1-800-224-0336 (TTY 1-800-368-4424).

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the Anthem network. If you go to an ER, ask them to call Anthem. You or the hospital to which you were admitted should call Anthem 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, Anthem will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or Anthem 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 Anthem.

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.
- 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).



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

The doctor or clinic does not have to be part of the Anthem 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, you can call 1-800-407-4627 (TTY 1-888-757-6034). You may also call the 24/7 NurseLine at 1-800-224-0336 (TTY 1-800-368-4424).

Minors can talk to a representative in private about their health concerns by calling the 24/7 NurseLine at 1-800-224-0336 (TTY 1-800-368-4424).

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 Anthem network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call 1-800-407-4627 (TTY 1-888-757-6034). You may also call the 24/7 NurseLine at 1-800-224-0336 (TTY 1-800-368-4424).

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. Anthem will tell you about changes to the state law no longer than 90 days after the change.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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 the 24/7 NurseLine at 1-800-224-0336 (TTY 1-800-368-4424).

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 providers 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 provider has a moral objection, he or she will help you find another provider for the needed services. Anthem can also work with you to find a provider.

Some hospitals and other providers 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.

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call Anthem at the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034) to make sure you can get the health care services you need.

Provider Directory

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



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

The Anthem Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, 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 Anthem network provider 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.anthem.com/ca/medi-cal.

If you need a printed Provider Directory, call 1-800-407-4627 (TTY 1-888-757-6034).

Provider network

The provider network is the group of doctors, hospitals and other providers that work with Anthem. You will get your covered services through the Anthem network.

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call 1-800-407-4627 (TTY 1-888-757-6034). Go to page 27 for more about moral objections.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. Anthem can also work with you to find a provider.

In network

You will use providers in the Anthem network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the Anthem network.

To get a Provider Directory of network providers, call 1-800-407-4627 (TTY 1-888-757-6034). You can also find the Provider Directory online at www.anthem.com/ca/medi-cal.

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

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

You can find a provider at www.anthem.com/ca/medi-cal. Go to “Tools”. Click “Find a



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Doctor”. Use the search tools to find a plan provider close to home. You can search by name, specialty or location.

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

Out-of-network providers are those that do not have an agreement to work with Anthem. Except for emergency care, you may have to pay for care from providers 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 1-800-407-4627 (TTY 1-888-757-6034).

If you are outside of the Anthem service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call 1-800-407-4627 (TTY 1-888-757-6034).

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

If you need health care services for a California Children’s Services (CCS) eligible condition and Anthem does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside of the provider network at no cost to you. To learn more about the CCS program, read the Benefits and Services chapter of this handbook.

If you have questions about out-of-network or out-of-service area care, call 1-800-407-4627 (TTY 1-888-757-6034). If the office is closed and you want help from a representative, call our 24/7 NurseLine at 1-800-224-0336 (TTY 1-800-368-4424).

Doctors

You will choose your doctor or a primary care provider (PCP) from the Anthem Provider Directory. The doctor you choose must be a participating provider. This means the provider is in the Anthem network. To get a copy of the Anthem Provider Directory, call 1-800-407-4627 (TTY 1-888-757-6034). Or find it online at www.anthem.com/ca/medi-cal.

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 Anthem, you may be able to keep



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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 1-800-407-4627 (TTY 1-888-757-6034).

If you need a specialist, your PCP will refer you to a specialist in the Anthem network.

Remember, if you do not choose a PCP, Anthem 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 the Anthem Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-800-407-4627 (TTY 1-888-757-6034).

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 the Anthem 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 Anthem. 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 an Indian Health Service Facility (IHF), Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. Depending on the type of the provider, you may be able to choose one PCP for your entire family who are members of Anthem.

If you do not choose a PCP within 30 days of enrollment, Anthem will assign you to a PCP. If you are assigned to a PCP and want to change, call 1-800-407-4627 (TTY 1-888-757-6034). The change happens the first day of the next month.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Your PCP will:

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

You can look in the Provider Directory to find a PCP in the Anthem network or go online and use the Anthem Provider Finder tool at www.anthem.com/ca/medi-cal. The Provider Directory and the Provider Finder tool has a list of IHFs, FQHCs and RHCs that work with Anthem.

You can request a Provider Directory to be mailed to you by calling 1-800-407-4627 (TTY 1-888-757-6034). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so 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 the Anthem provider network and is taking new patients.

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

To change your PCP, call 1-800-407-4627 (TTY 1-888-757-6034).

Anthem may ask you to change your PCP if the PCP is not taking new patients, has left the Anthem network or does not give care to patients your age. Anthem 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 Anthem needs to change your PCP, Anthem will tell you in writing.

If you change PCPs, you will get a new Anthem member ID card in the mail. It will have the name of your new PCP. Call the Customer Care Center if you have questions about getting a new ID card.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Appointments

When you need health care:

- Call your PCP.
- Have your Anthem 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 Anthem 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.
- 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 provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call 1-800-407-4627 (TTY 1-888-757-6034). Tell Anthem the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by Anthem for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers 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 provider 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 Anthem. You will need to tell Anthem in writing why you had to pay for the item or service. Anthem will read your claim and decide if you can get money back. For questions or to ask for a claim form, call 1-800-407-4627 (TTY 1-888-757-6034).

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.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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 Anthem referral policy, call 1-800-407-4627 (TTY 1-888-757-6034).

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).
- Eligible dental services.
- Initial mental health assessment.
- Outpatient professional behavioral health services.

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.



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Pre-approval

For some types of care, your PCP or specialist will need to ask Anthem for permission before you get the care. This is called asking for prior authorization, prior approval or pre-approval. It means that Anthem 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 provider in the Anthem network:

- Hospitalization, if not an emergency.
- Services out of the Anthem 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), Anthem will decide routine pre-approvals within 5 working days of when Anthem gets the information reasonably needed to decide.

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

Anthem does **not** pay the reviewers to deny coverage or services. If Anthem does not approve the request, Anthem 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.

Anthem will contact you if Anthem 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 care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not



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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 provider of your choice. For help choosing a provider, call 1-800-407-4627 (TTY 1-888-757-6034).

Anthem will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from Anthem to get a second opinion from a network provider.

If there is no provider in the Anthem network to give you a second opinion, Anthem will pay for a second opinion from an out-of-network provider. Anthem will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or 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, Anthem will decide within 72 hours.

If Anthem denies your request for a second opinion, you may appeal. To learn more about appeals, go to page 75 in this handbook.

Women’s health specialists

You may go to a women’s health specialist within Anthem 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 1-800-407-4627 (TTY 1-888-757-6034). You may also call the 24/7 NurseLine at 1-800-224-0336 (TTY 1-800-368-4424).

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



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Appointment type	Must get appointment within
Non-urgent mental health provider (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 pre-natal care	10 business days

Long-Term Services and Supports	
Skilled nursing facility	<ul style="list-style-type: none"> ▪ Rural and small counties — within 14 business days of request ▪ Medium counties — within 7 business days of request ▪ Small counties — within 5 business days of request
Intermediate care facility/Developmentally disabled (ICF-DD)	<ul style="list-style-type: none"> ▪ Rural and small counties — within 14 business days of request ▪ Medium counties — within 7 business days of request ▪ Small counties — within 5 business days of request
Community Based Adult Services (CBAS)	Capacity cannot decrease in aggregate statewide below April 2012 level

Travel time and distance to care

Anthem must follow travel time and distance standards for your care. Those standards helps 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 Anthem 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 Anthem's time and distance standards for where you live, please visit www.anthem.com/ca/medi-cal or call the Customer Care Center at 1-800-407-4627



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

(TTY 1-888-757-6034) or 1-888-285-7801 (TTY 711) for members in Los Angeles.

If you need care from a specialist and that provider is located far from where you live, you can call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034) or 1-888-285-7801 (TTY 711) for members in Los Angeles to get help finding care with a specialist located closer to you. If Anthem cannot find care for you with a closer specialist, you can request Anthem 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 Anthem's travel time and distance standards for your county, regardless of any alternative access standard Anthem may use for your ZIP Code.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

4. Benefits and services

What your health plan covers

This section explains all of your covered services as a member of Anthem. Your covered services are free as long as they are medically necessary and provided by an in-network provider. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask Anthem 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.

Anthem 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).
 - Anthem covers these LTSS benefits for members who qualify:
 - Long-term custodial care in a skilled nursing facility.
 - Home and community based services including community based adult services (CBAS) and multipurpose senior services program (MSSP).
 - CCS-eligible services.
 - Telehealth services.



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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 provider without pre-approval. Anthem covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

- **Allergy care:**

Anthem covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

- **Anesthesiologist services:**

Anthem covers anesthesia services that are medically necessary when you receive outpatient care.

- **Chiropractic services:**

Anthem 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. Anthem 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.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

- **Dialysis/hemodialysis services:**

Anthem covers dialysis treatments. Anthem also covers hemodialysis (chronic dialysis) services if your PCP and Anthem approve it.

- **Outpatient surgery:**

Anthem 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:**

Anthem covers physician services that are medically necessary.

- **Podiatry (foot) services:**

Anthem 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:**

Anthem covers different treatment therapies, including:

- Chemotherapy.
- Radiation therapy.

Mental health services

Outpatient mental health services:

- Anthem 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 provider in the Anthem network without a referral.
- Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within the Anthem 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, Anthem can provide mental health services for you.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Anthem 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 purposes of monitoring medication therapy.
 - Outpatient laboratory, medications, supplies and supplements.
 - Psychiatric consultation.
- For help finding more information on mental health services provided by Anthem, call 1-800-407-4627 (TTY 1-888-757-6034).
 - If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider 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 58.

Emergency services

Inpatient and outpatient services needed to treat a medical emergency

Anthem 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 your unborn child.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Emergency transportation services

Anthem 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

Anthem 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.

Hospice care includes:

- Nursing services.
- Physical, occupational or speech services.
- Medical social services.
- Home health aide 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:**

Anthem covers medically necessary anesthesiologist services during covered



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hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

- **Inpatient hospital services:**

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

- **Surgical services:**

Anthem covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

Anthem 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

You do not have a copay or deductible for prescription drugs. We will cover your drugs if they are:

- Ordered by a doctor.
- For the care and treatment of an injury or an illness.
- Approved by us when the drug is not on the Preferred Drug List (PDL).

When you get your prescription filled, you will not get more than a 30 day supply, unless it is for contraceptives. Anthem covers up to a 12 month supply of contraceptives. Your doctor may write that you can get refills. The pharmacy staff can call your doctor to check if you can get refills.

Covered drugs

Your provider can prescribe you drugs that are on the Anthem preferred drug list (PDL), subject to exclusions and limitations. The Anthem PDL is sometimes called a formulary. Drugs on the PDL are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.



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- 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 Anthem to ask for pre-approval before you get the drug.

To find out if a drug is on the Anthem PDL or to get a copy of the PDL, call 1-800-407-4627 (TTY 1-888-757-6034). You may also find the PDL at www.anthem.com/ca/medi-cal.

Sometimes Anthem needs to approve a drug before a provider can prescribe it. Anthem 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. Anthem will pay for the emergency supply.
- If Anthem says no to the request, Anthem will send you a letter that lets you know why and what other drugs or treatments you can try.

Compound drugs

Compound drugs are prescriptions that are mixed, combined, or altered to create medication tailored to the needs of an individual patient. Compounds can be covered when all of these conditions apply:

- A commercial formulation of medication is not available.
- All active ingredients are FDA-approved.
- All active ingredients require a prescription to dispense.
- The compound drug is not essentially the same as an FDA-approved product marketed by a drug manufacturer.

Compound drugs are not covered when either/or:

- A commercial formulation is available.
- Active ingredients are not FDA-approved.
- Active ingredients are not CMS-rebatable. (The manufacturer has not signed rebate agreements with Centers for Medicaid and Medicare Services.)
- The compound includes proprietary vehicles, bases and/or other pharmaceutical adjuvants.

Medicare Part B and D prescription coverage

- If you're eligible for both Medicare and Medi-Cal benefits, Medicare will cover most of the drugs you need. If you don't choose a drug plan, Anthem will choose one for you. Anthem may charge a small copay for each drug. Talk to your family or caregiver to help decide what Medicare plan is right for you.



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- Anthem does not cover drugs under Medicare Part B and Part D. Medi-Cal will pay for the drugs it covers and that aren't covered under Part B or D. You can talk to your doctor or pharmacist to find out if Anthem covers a drug. You also can call our toll-free Customer Care Center. We can answer your questions about Medicare Part D coverage.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Anthem. You can find a list of pharmacies that work with Anthem in the Anthem Provider Finder tool at www.anthem.com/ca/medi-cal. You can also find a pharmacy near you by calling 1-800-407-4627 (TTY 1-888-757-6034).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your Anthem 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.

Your benefits include a wide range of prescription and over-the-counter (OTC) medicines. You can even have your medicines delivered to your home. We work with IngenioRx to provide these pharmacy benefits. Medi-Cal members do not have a copay or deductible for prescription drugs.

Have your medicines mailed to you

You can get many prescription drugs shipped directly to your home through IngenioRx Home Delivery. Call Pharmacy Member Services at 1-833-205-6004 (TTY 711) or 1-833-232-1712 (TTY 711) for members in Los Angeles. You can also log in to your account and manage your prescriptions filled through home delivery at mss.anthem.com/california-medicaid/benefits/pharmacy-benefits.html#/pharmacydruginteraction. With your secure online account, you can:

- Order refills.
- Track your shipments.
- Get notifications.

Rehabilitative and habilitative (therapy) services and devices

The plan covers:

- **Acupuncture:**

Anthem covers acupuncture services to prevent, modify or alleviate the perception



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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. Anthem may pre-approve (prior authorization) additional services as medically necessary.

- **Audiology (hearing):**

Anthem covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. Anthem 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:**

Anthem 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:**

Anthem covers inpatient and outpatient cardiac rehabilitative services.



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- **Cosmetic surgery:**

Anthem does not cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.

- **Durable medical equipment (DME):**

Anthem 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. Anthem 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. Anthem covers enteral and parenteral nutrition products when medically necessary.

- **Hearing aids:**

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

- **Home health services:**

Anthem covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

- **Medical supplies, equipment and appliances:**

Anthem covers medical supplies that are prescribed by a doctor.

- **Occupational therapy:**

Anthem 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. Anthem may pre-approve (prior authorization) additional services as medically necessary.



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- **Orthotics/prostheses:**

Anthem covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. 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:**

Anthem 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:**

Anthem covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

- **Pulmonary rehabilitation:**

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

- **Reconstructive services:**

Anthem 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:**

Anthem 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:**

Anthem covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture,



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audiology, chiropractic and occupational therapy. Anthem may pre-approve (prior authorization) additional services as medically necessary.

- **Transgender services:**

Anthem 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

Anthem 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. Anthem's PCP 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 Anthem without having to get pre-approval from Anthem. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call 1-800-407-4627 (TTY 1-888-757-6034).

Diabetes Prevention Program services

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



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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 Anthem 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.

Medication Assisted Treatment (MAT) program for opioid use disorder and alcohol use disorder

Anthem Medi-Cal members have access to opioid addiction programs using virtual substance use disorder (SUD) treatment programs. Anthem is working with Bright Heart Health to provide discrete outpatient treatment programs using a smartphone, tablet or computer.

MAT reduces:

- Drug or alcohol cravings.
- Overdose risk.
- Risk of bacterial infection from unsterile injections.
- Risk of contracting Hepatitis C or HIV/AIDS.
- Risk of bleeding or death from arterial injections.
- Risk of arrest or legal trouble.

Call Bright Heart Health at 1-844-884-4474, 24 hours a day, seven days a week, to sign up and get an appointment. Or complete a referral form on the Bright Heart Health website, brighthousehealth.com/intake-forms/patient-referral. You can also have your doctor or emergency room fax patient information to 1-415-458-2691.

You will be referred to a BHH services coordinator who will work with you to explore MAT and other treatment options. You may be scheduled with a doctor to assess medications and/or discuss additional support services with a team of experts.



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If you are suffering from addiction, opioid withdrawal or substance usage, or need help with withdrawal, you may be treated with Buprenorphine, a medication to reduce withdrawal symptoms. This medication will reduce your withdrawal symptoms and can provide a bridge to lead you to your next step!

Substance use disorder services

The Anthem plan covers:

- Outpatient substance use disorder services, including residential treatment services.
- Alcohol misuse screening services for members ages 18 and older through Screening, Brief Intervention and Referral to Treatment (SBIRT).

Discuss your alcohol use with your PCP. For substance abuse treatment services, Anthem will help coordinate your care with the county. Please call Anthem Behavioral Health at 1-888-831-2246, then choose option 1 then option 2 when prompted.

Pediatric services

The plan covers:

Early and periodic screening, diagnostic and treatment (EPSDT) services.

- If you or your child are under 21 years old, Anthem covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic and treatment services.
- Anthem 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. Anthem 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. Anthem must make sure that all enrolled children get needed shots at the time of any health care visit.
- When a 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 Anthem is responsible for paying for the care, then Anthem covers the care at no cost to you. These services include:



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- 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 Anthem is not responsible for paying for the care, then Anthem 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; Anthem 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.



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NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. Anthem 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, Anthem 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 place of treatment due to a physical or mental disability.
- It is approved in advance by Anthem with a written authorization by a doctor.

To ask for NEMT services that your doctor has prescribed, please call Anthem at 1-800-407-4627 (TTY 1-888-757-6034) **or** LogistiCare at 1-877-931-4755 at least five 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 Anthem when a provider 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 Anthem.



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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 provider.
- Picking up prescriptions and medical supplies.
- Going to a WIC appointment.
- Going to a food bank or food distribution.

Anthem allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. Anthem 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 Anthem by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. Anthem allows the lowest cost NMT type that meets your medical needs.

To request NMT services that your provider authorized, call Anthem at 1-800-407-4627 (TTY 1-888-757-6034) or LogistiCare at 1-877-931-4755 at least five 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 provider 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.



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Cost to member

There is no cost when transportation is authorized by Anthem.

Long-term services and supports (LTSS)

Anthem covers these LTSS benefits for members who qualify:

- Skilled nursing facility services as approved by Anthem.
- Home and Community Based Services as approved by Anthem.

Telehealth services: LiveHealth Online

Anthem 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 provider. Telehealth may involve having a live video conversation with your provider. Or telehealth may involve sharing information with your provider without a live conversation. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You can contact Anthem to determine which types of services Anthem may be able to provide to you through telehealth.

LiveHealth Online program details

	LiveHealth Online medical	LiveHealth Online psychiatry	LiveHealth Online psychology
Provider types	Board-certified doctors	Board-certified doctors	Licensed psychologist (PhD) and therapist (social workers — master level)
Benefit offered	Medication if clinically necessary	Medication if clinically necessary post-initial evaluation	
Availability	On demand 24/7/365	Appointment: 8 a.m. to 8 p.m. across all time zones	Appointment: 7 a.m. to 11 p.m.
Visit length	10 minutes	30 to 45 minutes for initial evaluation;	45 minutes



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		15 minutes for follow-up sessions if needed for medication review.	
Average wait time	About 10 minutes	14 days or less	4 days or less
Age served	No age limit; doctor determines if the patient can be treated virtually or not.	18 years or older	10 years or older
Value	Convenient access to care at home. Prevents time consuming ER visits for nonemergent conditions.	Significantly increased access to behavioral health providers at home.	

Commonly treated conditions:

- Abrasions, minor wounds
- Acne
- Allergies/allergic rhinitis
- Asthma
- Back pain
- Cough/cold
- Diabetes/hypoglycemia
- Diarrhea
- Ear pain
- Fever, influenza/flu
- Headache/migraine
- Hypertension
- Incontinence
- Insomnia
- Nausea/vomiting
- Pinkeye and other eye infections
- Rashes/skin disturbances
- Sinus infection
- Sore throat/pharyngitis
- Sprains and strains

Commonly treated behavioral conditions:

- Anxiety
- Bipolar disorder
- Coping with an illness
- Depression
- Grief
- Obsessive compulsive disorder
- Panic attacks
- Parenting issues
- Post-traumatic stress disorder
- Relationship issues
- Stress

LHO offers ongoing treatment with the same behavioral health provider.



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Limitations of LHO:

LHO does not provide:

- Preventive or ongoing medical care.*
- Lab orders.
- Access to specialist care at this time.
- Members should make an appointment with their PCP as first choice for nonemergency care.

Validating Anthem membership for LHO:

An Anthem member ID must be added to an LHO account to receive no-cost services.

Members must be 18 years of age to have their own LHO account.

- Parent can add children's Anthem member ID to the personal account.
- Members are able to invite guests to join their live video visits:
 - Family members
 - Other providers
- Members are able to share the medical record summary with their PCP or anyone with an email/fax.

LHO offers ongoing treatment with the same behavioral health provider:

- Members can get 24/7 help by calling 1-888-548-3432, downloading the free LiveHealth Online mobile app or by going to livehealthonline.com to register.
- For urgent prescription assistance after an online visit, members can call 1-888-982-7956.
- For those who use telecommunications assistance, we accept calls from Telecommunications Relay Service (711).

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 providers 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, seven days a week.



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What your health plan does not cover

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

Sometimes Anthem does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call 1-800-407-4627 (TTY 1-888-757-6034).

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 www.dhcs.ca.gov/individuals/Pages/MHPCContactList.aspx.



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Dental services

Dental services for counties other than Sacramento

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

Anthem covers long-term care for the month you enter a facility and the month after that. Anthem 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 1-800-407-4627 (TTY 1-888-757-6034).

Services you cannot get through Anthem or Medi-Cal

There are some services that neither Anthem nor Medi-Cal will cover. Read each of the sections below to learn more. Or call 1-800-407-4627 (TTY 1-888-757-6034).

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 Anthem 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.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. Anthem 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.

Anthem does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, 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.
- 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 Anthem.

To learn more about CCS, call 1-800-407-4627 (TTY 1-888-757-6034).

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).
- Health Homes Program (HHP).
- Whole Child Model (WCM) Program.

Read each of the sections below to learn more about other programs and services



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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:

Cal MediConnect

The Cal MediConnect program aims to improve care coordination for dual eligibles. It lets them enroll in a single plan to manage all of their benefits, instead of having separate Medi-Cal and Medicare plans. It also aims for high-quality care that helps people stay healthy and in their homes for as long as possible.

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 1-800-407-4627 (TTY 1-888-757-6034).

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.

Health Homes Program

Anthem covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call Anthem, or talk to your doctor or clinic staff, to find out if you can receive HHP services.

You may qualify for HHP if:

- You have certain chronic health conditions. You can call Anthem to find out the



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conditions that qualify, and you meet one of the following:

- You have three or more of the HHP eligible chronic conditions.
- You stayed in the hospital in the last year.
- You visited the emergency department three or more times in the last year.
- You do not have a place to live.

You do not qualify to receive HHP services if:

- You receive hospice services.
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.

Covered HHP services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care. Anthem provides HHP services, which include:

- Comprehensive care management.
- Care coordination.
- Health promotion.
- Comprehensive transitional care.
- Individual and family support services.
- Referral to community and social supports.

Cost to member

There is no cost to the member for HHP services.

Whole Child Model (WCM) Program

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 Anthem 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. If your child is determined eligible, he or she will get their CCS care through Anthem.

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.
- Tumors.
- Cancers.
- Hemophilia.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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

CCS county program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers working with Anthem will treat the child for the CCS condition.

Care coordination

Anthem 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 1-800-407-4627 (TTY 1-888-757-6034).

Evaluation of new and existing technologies

To make sure we are always using the latest medical treatment and equipment to help you feel your best, our medical director and providers look at all the latest medical changes. They look at:

- Medical treatment and services.
- Behavioral health treatment and services.
- Medicines.
- Equipment.

They also look at the most up-to-date medical and scientific writings. With all this data, they consider:

- If the changes are safe and helpful.
- If these changes offer the same or better results than what is used today.

This work is done to help us decide if a new treatment or care should be added to your benefits.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

5. Rights and responsibilities

As a member of Anthem, 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 Anthem.

Your rights

Anthem 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 provider within Anthem'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 their 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 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



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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 Anthem, your providers 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 Anthem's network pursuant to the federal law.

Your responsibilities

Anthem members have these responsibilities:

- Give us, your doctors and other health care providers the information needed to help you get the best possible care and all the benefits you are entitled to.
- Understand your health problems as well as you can and work with your doctors or other health care providers to make a treatment plan that you all agree on.
- Follow the care plan that you have agreed on with your doctors and other health care providers.
- Follow your doctor's advice about taking good care of yourself.
- Use the right sources of care.
- Bring your health plan ID card with you when you visit your doctor.
- Treat your doctors and other caregivers with respect.
- Understand this health plan.
- Know and follow the rules of this health plan.
- Know that laws govern this health plan and the types of service you get.
- Know that we cannot discriminate against you because of your age, sex, race, national origin, culture, language needs, sexual orientation or health.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Notice of privacy practices

A STATEMENT DESCRIBING ANTHEM POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

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

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you're a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs and hospitals so we can OK and pay for your health care.

Federal law says we must tell you what the law says we have to do to protect PHI that's told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files.
 - Destroy paper with health information so others can't get it.
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in.
 - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors or the state, we:



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

- Make rules for keeping information safe (called policies and procedures).
- Teach people who work for us to follow the rules.

When is it OK for us to use and share your PHI?

We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it's OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care:**
 - To help doctors, hospitals and others get you the care you need.
- **For payment, health care operations and treatment:**
 - To share information with the doctors, clinics and others who bill us for your care.
 - When we say we'll pay for health care or services before you get them.
- **For health care business reasons:**
 - To help with audits, fraud and abuse prevention programs, planning and everyday work.
 - To find ways to make our programs better.
- **For public health reasons:**
 - To help public health officials keep people from getting sick or hurt.
- **With others who help with or pay for your care:**
 - With your family or a person you choose who helps with or pays for your health care, if you tell us it's OK.
 - With someone who helps with or pays for your health care, if you can't speak for yourself and it's best for you.

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We can't take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

- To report abuse and neglect.
- To help the court when we're asked.
- To answer legal documents.
- To give information to health oversight agencies for things like audits or exams.
- To help coroners, medical examiners or funeral directors find out your name and cause of death.
- To help when you've asked to give your body parts to science.
- For research.
- To keep you or others from getting sick or badly hurt.
- To help people who work for the government with certain jobs.
- To give information to workers' compensation if you get sick or hurt at work.

What are your rights?

- You can ask to look at your PHI and get a copy of it. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of health care, payment, everyday health care business or some other reasons we didn't list here.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

- The law says we must keep your PHI private except as we've said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we'll do in this notice.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you're in danger.
- We must tell you if we have to share your PHI after you've asked us not to.
- If state laws say we have to do more than what we've said here, we'll follow those laws.
- We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won't contact you in this way anymore. Or you may call 1-844-203-3796 to add your phone number to our Do Not Call list.

What if you have questions?

If you have questions about our privacy rules or want to use your rights, please call the Customer Care Center at **1-800-407-4627**. If you're deaf or hard of hearing, call **TTY 1-888-757-6034**.

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you may call Customer Service or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

Write to or call the Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
90 Seventh St., Ste. 4-100
San Francisco, CA 94103
Phone: 1-800-368-1019
TDD: 1-800-537-7697
Fax: 1-415-437-8329



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

or

Privacy Officer
c/o Office of HIPAA Compliance
Department of Health Care Services (DHCS)
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413
Email: privacyofficer@dhcs.ca.gov
Phone: 1-916-445-4646
Fax: 1-916-440-7680

or

Information Security Officer
DHCS Information Security Office
P.O. Box 997413, MS 6400
Sacramento, CA 95899-7413
Email: iso@dhcs.ca.gov
Phone: ITSD Help Desk
1-916-440-7000 or 1-800-579-0874
Fax: 1-916-440-5537

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the web at www.anthem.com/ca/medi-cal.

Race, ethnicity and language

We receive race, ethnicity and language information about you from the state Medicaid agency and the Children's Health Insurance Program. We protect this information as described in this notice.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

We use this information to:

- Make sure you get the care you need.
- Create programs to improve health outcomes.
- Develop and send health education information.
- Let doctors know about your language needs.
- Provide translator services.

We do **not** use this information to:

- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.
- Disclose to unapproved users.

Revised December 21, 2017

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 Anthem 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.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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. Anthem 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

Anthem will send you a Notice of Action (NOA) letter any time Anthem 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 Anthem.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

6. Reporting and solving problems

There are two kinds of problems that you may have with Anthem:

- A **complaint** (or **grievance**) is when you have a problem with Anthem or a provider or with the health care or treatment you got from a provider.
- An **appeal** is when you don't agree with Anthem's decision not to cover or change your services.

You can use the Anthem 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 Anthem first to let us know about your problem. Call us Monday through Friday from 7 a.m. to 7 p.m. Pacific time at 1-800-407-4627 (TTY 1-888-757-6034) to tell us about your problem.

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 a.m. and 5 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 1-800-407-4627 (TTY 1-888-757-6034).

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



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from Anthem or a provider. 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 Anthem at 1-800-407-4627 (TTY 1-888-757-6034) Monday through Friday from 7 a.m. to 7 p.m. Pacific time. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call Anthem at 1-800-407-4627 (TTY 1-888-757-6034) 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:

Attn: Grievance Coordinator

Anthem Blue Cross

P.O. Box 60007

Los Angeles, CA 90060-0007

Your doctor's office will have complaint forms available.

- **Online:** Visit the Anthem website. Go to www.anthem.com/ca/medi-cal.

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-800-407-4627 (TTY 1-888-757-6034).

Within five 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 Anthem 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 1-800-407-4627 (TTY 1-888-757-6034). We will make a decision within 72 hours of receiving your complaint.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

Appeals

An appeal is different from a complaint. An appeal is a request for Anthem 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 Anthem 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 Anthem at 1-800-407-4627 (TTY 1-888-757-6034) Monday through Friday from 7 a.m. to 7 p.m. Pacific time. Give your name, Anthem ID number and the service you are appealing.
- **By mail:** Call Anthem at 1-800-407-4627 (TTY 1-888-757-6034) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, Anthem ID number and the service you are appealing.

Mail the form to:

Attn: Grievance Coordinator

Anthem Blue Cross

P.O Box 60007

Los Angeles, CA 90060-0007

Your doctor's office will have appeal forms available.

- **Online:** Visit the Anthem website. Go to www.anthem.com/ca/medi-cal.

If you need help filing your appeal, we can help you. We can give you free language services. Call 1-800-407-4627 (TTY 1-888-757-6034).

Within five 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 1-800-407-4627 (TTY 1-888-757-6034). We will make a decision within 72 hours of receiving your appeal.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

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

If you filed an appeal and received a letter from Anthem 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.
- Ask for an **Independent Medical Review (IMR)** from DMHC, and an outside reviewer who is not part of Anthem 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)

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-800-407-4627 (TTY 1-888-757-6034) and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR).

If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

The department also has a toll-free telephone number, **1-888-466-2219 (TTY 1-877-688-9891)**. The department's website, **www.dmhc.ca.gov**, has complaint forms, IMR application forms and instructions online.



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State Hearings

A State Hearing is a meeting with people from the 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 Anthem 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 PCP 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 PCP'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 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 1-800-407-4627 (TTY 1-888-757-6034).

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. Anthem must 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 PCP 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 Anthem.

Fraud, waste and abuse

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

Provider fraud, waste and abuse includes:

- Falsifying medical records.



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- 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 provider.
- 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 provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

Attn: Michael Koslow
Anthem Blue Cross
CANPO2-C001
2000 Corporate Center Drive
Newbury Park, CA 91320

Or call the Fraud Hotline at 1-888-231-5044.



Call the Customer Care Center at 1-800-407-4627 (TTY 1-888-757-6034). Anthem is here Monday through Friday from 7 a.m. to 7 p.m. Pacific time. The call is toll free. Or call the California Relay Line at 711. Visit online at www.anthem.com/ca/medi-cal.

7. Important numbers and words to know

Important phone numbers

- Anthem Customer Care Center: 1-800-407-4627 (TTY 1-888-757-6034)
- 24/7 NurseLine: 1-800-224-0336 (TTY 1-800-368-4424)
- Anthem Care Management: 1-888-334-0870
- Department of Managed Health Care: 1-800-400-0815 (TTY 1-877-688-9891)
- Denti-Cal: 1-800-322-6384 (TTY 1-800-735-2922)
- Vision Service Plan: 1-844-239-7644 (TTY 1-800-428-4833)
- Department of Health Care Services' Office of Family Planning:
1-800-942-1054
- Department of Social Services' Public Inquiry and Response Unit:
1-800-952-5253 (TTY 1-800-952-8349)
- Department of Health Care Services Medi-Cal Managed Care Ombudsman:
1-888-452-8609
- Health Care Options: 1-800-430-4263
- Indian Health Services: 1-916-930-3927
- IngenioRx: 1-833-205-6004 (TTY 711)
- California Relay Line: 711
- TTY lines are only for members with hearing or speech loss

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.



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Appeal: A member's request for Anthem 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 providers 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 PCP can provide CHDP services.

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

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 Anthem, a provider, 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 provider for up to 12 months, if the provider and Anthem 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



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health care provider from among all COHS providers.

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 Anthem, 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 provider. Anthem 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.



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Excluded services: Services not covered by Anthem; non-covered services.

Family planning services: Services to prevent or delay pregnancy.

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

Fee-For-Service (FFS): 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 Anthem, a provider, 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 Anthem or are in the Anthem network. Anthem network providers must have a license to practice in California and give you a service Anthem covers.

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from Anthem before you get care from the specialist.

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

Types of health care providers:

- Audiologist is a provider who tests hearing.



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7 | Important numbers and words to know

- 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 providers, 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 provider 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 provider 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.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider 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 provider directly.

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

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

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

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



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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. Anthem 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 Anthem 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 providers contracted with Anthem to provide care.

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that Anthem does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. Anthem pays for the lowest



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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 provider.

Non-participating provider: A provider not in the Anthem 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 provider who is not part of the Anthem network.

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

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

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

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

Participating hospital: A licensed hospital that has a contract with Anthem 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 Anthem's utilization review and quality assurance policies or Anthem'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 Anthem to offer covered services to members at the time a member receives care.



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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 Anthem before you get certain services. Anthem will only approve the services you need. Anthem will not approve services by non-participating providers if Anthem believes you can get comparable or more appropriate services through Anthem providers. A referral is not an approval. You must get approval from Anthem.

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

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

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

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 provider 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 provider to get approval to provide specific services or procedures.

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

Provider Directory: A list of providers in the Anthem network.



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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 provider. 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 providers. 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 Anthem serves. This includes the counties of Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Inyo, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, Santa Clara, Sierra, Sutter, Tehama, Tulare, Tuolumne or Yuba.

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



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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 provider if network providers are temporarily not available or accessible.



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