

CONTRA COSTA
HEALTH



Medi-Cal

Member Handbook

2026

Contra Costa County

What you need to know about your benefits

Contra Costa Health Plan (CCHP)

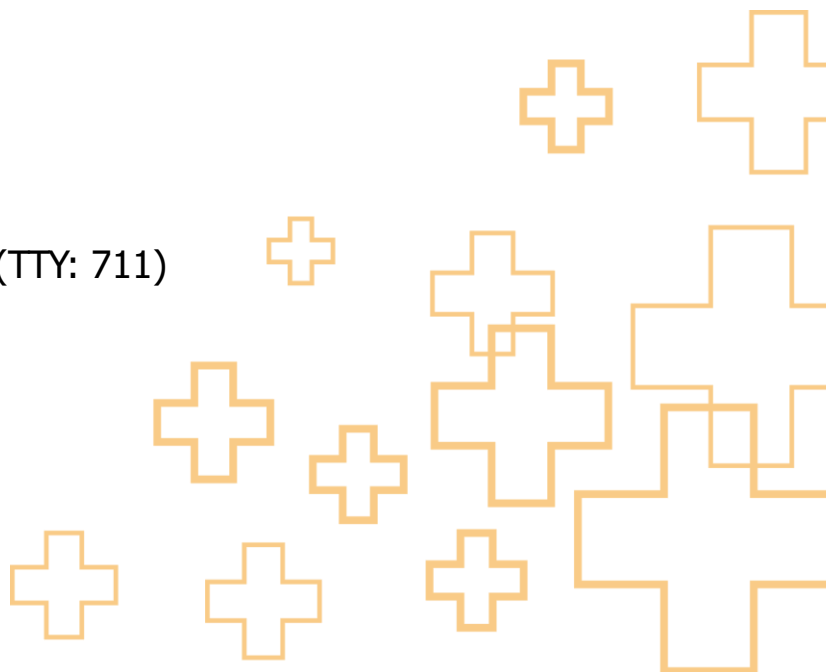
Combined Evidence of Coverage (EOC) and Disclosure Form



Member Services: 1-877-661-6230 (TTY: 711)

Monday - Friday, 8 a.m. to 5 p.m.

www.cchealth.org



Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages for free. Contra Costa Health Plan (CCHP) provides written translations from qualified translators. Call 1-877-661-6230 (TTY 711). The call is free. Read this Member Handbook to learn more about health care language assistance services such as interpreter and translation services.

Other formats

You can get this information in other formats such as braille, 20-point font large print, audio format, and accessible electronic formats (data CD) at no cost to you. Call 1-877-661-6230 (TTY 711). The call is free.

Interpreter services

CCHP provides oral interpretation services, as well as sign language, from a qualified interpreter, on a 24-hour basis,



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency.

Interpreter, linguistic, and cultural services are available for free. Help is available 24 hours a day, 7 days a week. For help in your language, or to get this handbook in a different language, call 1-877-661-6230 (TTY 711). The call is free.

ATTENTION: If you need help in your language call 1-877-661-6230 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-661-6230 (TTY: 711). These services are free of charge.

(Arabic) الشعار بالعربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-877-661-6230 (TTY 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ (TTY 711) 1-877-661-6230. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-877-661-6230 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-877-661-6230 (TTY: 711): Այդ ծառայություններն անվճար են:



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ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសាខ្មែរ សូម
 ទូរស័ព្ទទៅលេខ 1-877-661-6230 (TTY: 711)។ ជំនួយនិង
 បសវាកម្មសត្វាវុធនពិការ
 ដូចជាឯកសារសរសេរជាអ្នកសរសេរសត្វាវុធនពិការក្នុងក
 ឬឯកសារសរសេរជាអ្នកសរសេរពុម្ពពង ក៏អាចរកបានផងដែរ។
 ទូរស័ព្ទមកលេខ 1-877-661-6230 (TTY: 711)។
 បសវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-877-661-6230 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-877-661-6230 (TTY: 711)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-877-661-6230 (TTY 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-877-661-6230 (TTY 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-661-6230 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के ललए सहायता और सेवाएँ, जैसे ब्रेल और बडे लरोंट में भी दस्तावेज़ उपलब्ध हैं। 1-877-661-6230 (TTY: 711) पर कॉल करें। ये सेवाएँ लन: शुल्क हैं।



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-661-6230 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-661-6230 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-877-661-6230 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-877-661-6230 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-661-6230 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-661-6230 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



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ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-661-6230 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-877-661-6230 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-877-661-6230 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-877-661-6230 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-877-661-6230 (TTY 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-877-661-6230 (TTY 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-661-6230 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-661-6230 (линия ТТУ:711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-661-6230 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-661-6230 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-661-6230 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-877-661-6230 (TTY: 711). Libre ang mga serbisyong ito.



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แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพทไปที่หมายเลข 1-877-661-6230 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพทไปที่หมายเลข 1-877-661-6230 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-661-6230 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-877-661-6230 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-661-6230 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-877-661-6230 (TTY: 711). Các dịch vụ này đều miễn phí.



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Welcome to Contra Costa Health Plan!

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

We want you to get the best care. To do that, it helps to understand how your health plan works.

- CCHP is a Health Maintenance Organization (HMO). That means we help you get the care you need through a network of doctors and clinics.
- We've been helping people in Contra Costa County since 1973.
- We work with the California Department of Health Care Services (DHCS) to give Medi-Cal members health care.
- If this is your first time using a health plan like this, please read this booklet carefully. It explains how to use your coverage and what your rights and responsibilities are.

Choosing Your Doctor and Where You Get Care

When you join CCHP, you will choose a Primary Care Provider (PCP). This is your main doctor. You can choose from two groups of doctors and clinics:

1. Regional Medical Center Network (RMCN) – These are doctors and clinics run by Contra Costa County.
2. Community Provider Network (CPN) – These are doctors and clinics in private offices or community health centers.

If you pick a doctor in the RMCN:

- You'll go to one of the County Health Centers in Antioch, Bay Point, Brentwood, Concord, Martinez, Pittsburg, North Richmond, or San Pablo.
- You may see other doctors in the RMCN or CPN for services outside of your main visits.



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Welcome to Contra Costa Health Plan!

- If you need hospital care, you'll go to Contra Costa Regional Medical Center (CCRMC) in Martinez. It offers:
 - Emergency care
 - Care for pregnant people
 - Intensive care
 - Special programs for older adults and more

If you pick a doctor in the CPN:

- You'll get care at a private doctor's office or a community clinic.
- Your hospital care may be at CCRMC or at a local hospital that works with CCHP.
- To go to a community hospital, your PCP (or a specialist they refer you to) must send you there and be allowed to treat patients at that hospital.

Important: Some doctors may not be taking new patients. If the doctor you want isn't available, please call Member Services for help picking another doctor from the Provider Directory.

Member Handbook

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

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. **This EOC and Disclosure Form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.** To learn more, call CCHP at 1-877-661-6230 (TTY 711).

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

Welcome to Contra Costa Health Plan!

To ask for a copy of the contract between CCHP and the California Department of Health Care Services (DHCS), call 1-877-661-6230 (TTY 711). You may ask for another copy of the Member Handbook for free. You can also find the Member Handbook on the CCHP website at www.ContraCostaHealthPlan.org. You can also ask for a free copy of CCHP non-proprietary clinical and administrative policies and procedures. They are also on the CCHP website at www.ContraCostaHealthPlan.org.

Contact us

CCHP is here to help. If you have questions, call 1-877-661-6230 (TTY 711). CCHP is here Monday through Friday, 8 am to 5 pm. The call is free.

You can also visit online at any time at www.ContraCostaHealthPlan.org.

Thank you,

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

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1. Getting started as a member

How to get help

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

Member Services

CCHP Member Services is here to help you. CCHP can:

- Answer questions about your health plan and CCHP covered services.
- Help you choose or change a primary care provider (PCP).
- Tell you where to get the care you need.
- Help you get interpreter services if you speak limited English.
- Help you get information in other languages and formats.
- Help you fix problems getting health care services
- Help you file an appeal if you disagree with a decision CCHP made about your care
- Help you file a complaint (also called a grievance) about a provider or the health plan
- Tell you how to get a copy of your CCHP ID card or other member materials—by mail or online
- Help you update your contact information, like your address or phone number

If you need help, call 1-877-661-6230 (TTY 711). CCHP is here Monday through Friday, 8 am to 5 pm. The call is free. CCHP must make sure you wait less than 10 minutes when calling. You can also visit Member Services online at any time at www.ContraCostaHealthPlan.org.

CCHP also encourages you to sign up for a free MyChart member portal account at mychart.cchealth.org. You can use MyChart on a computer or download the free mobile app from the Apple App Store or Google Play Store.

With MyChart, you can:



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- View or change your assigned Primary Care Provider (PCP)
- See your CCHP member ID card on your phone, or download and print it
- Check your claims history
- Read important messages from CCHP

To learn more or sign up, visit mychart.cchealth.org.

Who can become a member

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

You qualify for CCHP because you qualify for Medi-Cal and live in Contra Costa County. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP.

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711), or go to <http://www.healthcareoptions.dhcs.ca.gov/>.

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

Transitional Medi-Cal

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

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

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

Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

Identification (ID) cards


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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

health cards with you. Your Medi-Cal BIC and CCHP ID cards look like these:



<p>CONTRA COSTA HEALTH  MEDI-CAL CONTRA COSTA HEALTH PLAN www.contracostahealthplan.org</p> <p>Name: LAST NAME, FIRST NAME ID #: 123456789 DOB: MM/DD/YYYY</p> <p>PCP: Call CCHP for PCP Information* Rx: Call Medi-Cal Rx* * See back of card</p> <p>Issued: MM/DD/YYYY</p> <p>This card does not constitute proof of eligibility.</p>	<p>FOR A LIFE THREATENING EMERGENCY CALL 911 Emergency providers will be paid without prior authorization. Members may seek emergency services from out-of-network providers.</p> <p>Member Call Center: 1-877-661-6230 (#1) 24-Hour Advice Nurse, (#2) Member Services, (#3) Pharmacy Services, (#4) Behavioral/Mental Health Services, (#5) County Health Center Appointments, (#6) Marketing, (#8) Check Eligibility/PCP</p> <p>Provider Call Center: 1-877-800-7423 (#1) Check Eligibility/PCP, (#2) Pharmacy, (#3) Authorizations/Referrals, (#4) Interpreters, (#5) Claims, (#6) Provider Relations, (#7) Member Services</p> <p>Medi-Cal Rx Call Center: 1-800-977-2273 Medi-Cal Rx covers prescription drugs obtained at a pharmacy. www.Medi-CalRx.dhcs.ca.gov</p> <p>www.contracostahealthplan.org</p>
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You can also view your CCHP member ID card anytime through [MyChart \(mychart.cchealth.org\)](http://mychart.cchealth.org). You can show it on your mobile phone or download and print a copy when you need it.

If you do not get your CCHP ID card within a few weeks after your enrollment date, or if your CCHP ID card is damaged, lost, or stolen, call Member Services right away. CCHP will send you a new card for free. Call 1-877-661-6230 (TTY 711). If you do not have a Medi-Cal BIC card or if your card is damaged, lost, or stolen, call the local county office. To find your local county office, go to <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

2. About your health plan

Health plan overview

CCHP is a health plan for people who have Medi-Cal in Contra Costa County. CCHP works with the State of California to help you get the health care you need.

Talk with one of the CCHP Member Services representatives to learn more about the health plan and how to make it work for you. Call 1-877-661-6230 (TTY 711).

When your coverage starts and ends

When you enroll in CCHP, we will send your CCHP Identification (ID) card within two weeks of your enrollment date. You must show both your CCHP ID card and your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions.

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

You can end your CCHP 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 711), or go to www.healthcareoptions.dhcs.ca.gov.

CCHP is a health plan for Medi-Cal members in Contra Costa County. Find your local county office at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

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

- You move out of Contra Costa County.
- You no longer have Medi-Cal.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- You become eligible for a waiver program that requires you to be enrolled in Fee-for-Service (FFS) Medi-Cal.
- You are in jail or prison.

If you lose your CCHP Medi-Cal coverage, you may still qualify for FFS Medi-Cal coverage. If you are not sure if you are still covered by CCHP, call 1-877-661-6230 (TTY 711).

Special considerations for American Indians in managed care

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may leave their Medi-Cal managed care plan and return to FFS Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at an Indian Health Care Provider (IHCP). You can also stay with or disenroll (drop) from CCHP while getting health care services from these locations. To learn more about enrollment and disenrollment, call 1-877-661-6230 (TTY 711).

CCHP must provide care coordination for you, including in- and out-of-network case management. If you ask to get services from an IHCP, CCHP must help you find an in- or out-of-network IHCP of your choice. To learn more, read “Provider network” in Chapter 3 of this handbook.

How your plan works

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

Member Services will tell you how CCHP works, how to get the care you need, how to schedule provider appointments during office hours, how to request free interpreting and translation services or written information in alternative formats, and how to find out if you qualify for transportation services.

To learn more, call 1-877-661-6230 (TTY 711). You can also find Member Services information online at www.ContraCostaHealthPlan.org.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

Changing health plans

You can leave CCHP and join another health plan in your county of residence at any time if another health plan is available. To choose a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). You can call between 8 a.m. and 6 p.m. Monday through Friday, or go to <https://www.healthcareoptions.dhcs.ca.gov>.

It takes up to 30 days or more to process your request to leave CCHP and enroll in another plan in your county. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

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

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

You can ask to leave CCHP by contacting your local county office. Find your local county office at: <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

Students who move to a new county or out of California

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

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

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- Tell your eligibility worker at the Contra Costa County Employment & Human Services Department (EHSD) that you are temporarily moving to attend a school for higher education and give them your address in the new county. The county will update the case records with your new address and county code. You must do this if you want to keep getting routine or preventive care while you live in a new county. If CCHP does not serve the county where you will attend college, you might have to change health plans. For questions and to prevent delay in joining a new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

Or

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

If you are leaving California temporarily to be a student in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at the Contra Costa County Employment and Human Services Department (EHSD). As long as you qualify, Medi-Cal will cover emergency care and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico.

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

Out-of-state pharmacy benefits are limited to up to a 14-day emergency supply when delays would prevent a medically necessary service. For more help, call Medi-Cal Rx at 1-800-977-2273 or visit them online at <https://medi-calrx.dhcs.ca.gov/home>.

Continuity of care

Continuity of care for an out-of-network provider

As a member of CCHP, you will get your health care from providers in CCHP’s network. To find out if a health care provider is in the CCHP network, read a copy of our Provider



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

Directory. You can also use our online provider search tool, available at www.ContraCostaHealthPlan.org or www.cchealth.org/FindAProvider. Providers not listed in the directory may not be in the CCHP network.

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

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

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

To learn more, call Member Services at 1-877-661-6230 (TTY 711).

If your providers do not join the CCHP network by the end of 12 months, do not agree to CCHP payment rates, or do not meet quality of care requirements, you will need to change to providers in the CCHP network. To discuss your choices, call Member Services at 1-877-661-6230 (TTY 711).

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

To learn more about continuity of care and if you qualify, call Member Services.

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

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

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

Health condition	Time period
Acute conditions (a medical issue that needs fast attention).	For as long as your acute condition lasts.
Serious chronic physical and behavioral conditions (a serious health care issue you have had for a long time).	For up to 12 months from the coverage start or the date the provider’s contract ends with CCHP.
Pregnancy and postpartum (after birth) care.	During your pregnancy and up to 12 months after the end of pregnancy.
Maternal mental health services.	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later.
Care of a newborn child between birth and 36 months old.	For up to 12 months from the start date of the coverage or the date the provider’s contract ends with CCHP.
Terminal illness (a life-threatening medical issue).	For as long as your illness lasts. You may still get services for more than 12 months from the date you enrolled with CCHP or the time the provider stops working with CCHP.
Performance of a surgery or other medical procedure from an out-of-network provider as long as it is covered, medically necessary, and authorized by CCHP as part of a documented course of treatment and recommended and documented by the provider.	The surgery or other medical procedure must take place within 180 days of the provider’s contract termination date or 180 days from the effective date of your enrollment with CCHP.

For other conditions that might qualify, call 1-877-661-6230 (TTY 711).

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



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services from a different provider in CCHP's network.

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider who is no longer in CCHP's network, call Member Services at 1-877-661-6230 (TTY 711).

CCHP is not required to provide continuity of care for services Medi-Cal does not cover or that are not covered under CCHP's contract with DHCS. To learn more about continuity of care, eligibility, and available services, call Member Services.

Costs

Member costs

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

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

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

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

For members with long-term care and a Monthly Resident Cost

You might have to pay a Monthly Resident Cost (share of cost) each month for your long-term care services. The amount of your Monthly Resident Cost depends on your



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income. Each month, you will pay your own health care bills, including but not limited to, long-term care bills, until the amount you have paid equals your Monthly Resident Cost. After that, CCHP will cover your long-term care for that month. You will not be covered by CCHP until you have paid your entire long-term care Monthly Resident Cost for the month.

How a provider gets paid

CCHP pays providers in these ways:

- Capitation payments
 - CCHP pays some providers a set amount of money every month for each CCHP member. This is called a capitation payment. CCHP and providers work together to decide on the payment amount.
- FFS payments
 - Some providers give care to CCHP members and send CCHP a bill for the services they provided. This is called an FFS payment. CCHP and providers work together to decide how much each service costs.
- Quality Incentive Payments
 - CCHP may pay some providers an extra amount for reaching certain goals in our Quality Program.

To learn more about how CCHP pays providers, call 1-877-661-6230 (TTY 711).

If you get a bill from a health care provider

Covered services are health care services that CCHP must pay. If you get a bill for any Medi-Cal covered services, do not pay the bill. Call Member Services right away at 1-877-661-6230 (TTY 711). CCHP will help you figure out if the bill is correct.

If you get a bill from a pharmacy for a prescription drug, supplies, or supplements, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can use option 7 or call 711. You can also go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Asking CCHP to pay you back for expenses

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

- The service you got is a covered service that CCHP is responsible for paying. CCHP will not reimburse you for a service that CCHP does not cover.
- You got the covered service while you were an eligible CCHP member.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- You ask to be paid back within one year from the date you got the covered service.
- You show proof that you, or someone on your behalf, paid for the covered service, such as a detailed receipt from the provider.
- You got the covered service from a Medi-Cal enrolled provider in CCHP's network. You do not need to meet this condition if you got emergency care, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval (prior authorization).
- If the covered service normally requires pre-approval (prior authorization), you need to give proof from the provider that shows a medical need for the covered service.

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

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

CCHP will not pay you back if:

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

3. How to get care

Getting health care services

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

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

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

The CCHP Medi-Cal network is a group of doctors, hospitals, and other providers who work with CCHP. If you have only Medi-Cal coverage, you must choose a PCP within 30 days from the time you become a member of CCHP. If you do not choose a PCP, CCHP will choose one for you.

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

If you have a doctor you want to keep, or you want to find a new PCP, go to the Provider Directory for a list of all PCPs and other providers in the CCHP network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-877-661-6230 (TTY 711). You can also find the Provider Directory on the CCHP website at www.cchealth.org/FindAProvider. You may also request information about a provider's professional qualifications, such as education, training, and certifications, by calling CCHP Member Services at 1-877-661-6230 (TTY 711).

If you cannot get the care you need from a participating provider in the CCHP network, your PCP or specialist in CCHP's network must ask CCHP for approval to send you to an out-of-network provider. This is called a referral. You do not need a referral to go to



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

an out-of-network provider to get sensitive care services listed under the heading “Sensitive care” later in this chapter.

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

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

Primary care provider (PCP)

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

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

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

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

If you do not choose a PCP within 30 days of enrollment, CCHP will assign you to a PCP. If you are assigned to a PCP and want to change, call 1-877-661-6230 (TTY 711). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- Give you the preventive and routine health care you need
- Refer you to a specialist if you need one
- Arrange for hospital care if you need it

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

You can find the CCHP Provider Directory online at www.cchealth.org/FindAProvider, or you can request a Provider Directory to be mailed to you by calling 1-877-661-6230 (TTY 711). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

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

Your new choice will become your PCP within one (1) business day after you make the change. If the PCP is not accepting new patients, we can't make the change unless you tell us that you (or your child) have seen the PCP before or believe the PCP will make an exception. If that's the case, the change will only happen after the PCP confirms they will accept you (or your child) as a patient.

To change your PCP, call 1-877-661-6230 (TTY 711) You can also change your PCP yourself by logging into the MyChart member portal at mychart.cchealth.org. This lets you make the change right away—without having to wait for a CCHP Member Services agent.

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

If your PCP changes, you will get a letter in the mail. It will have the name of your new PCP. Call Member Services if you have questions about getting a new ID card.

Some things to think about when picking a PCP:

- Does the PCP take care of children?
- Does the PCP work at a clinic I like to use?
- Is the PCP's office close to my home, work, or my children's school?
- Is the PCP's office near where I live and is it easy to get to the PCP's office?



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- Do the doctors and staff speak my language?
- Does the PCP work with a hospital I like?
- Does the PCP provide the services I need?
- Do the PCP's office hours fit my schedule?
- Does the PCP work with specialists I use?

Initial Health Appointment (IHA)

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

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

Take your Medi-Cal BIC card, CCHP ID card and any other health insurance cards to your appointment. It is a good idea to take a list of your medicine and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

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

If you have questions about your first health appointment, call 1-877-661-6230 (TTY 711).

Routine care

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

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

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

Your PCP will:

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

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care unless it is an emergency. For emergency care, call **911** or go to the nearest emergency room or hospital.

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

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

Provider network

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

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

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

If your PCP, hospital, or other provider has a moral objection to providing you with a



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covered service, such as family planning or abortion, call 1-877-661-6230 (TTY 711). For more about moral objections, read “Moral objection” later in this chapter.

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

In-network providers

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

To get a Provider Directory of in-network providers, call 1-877-661-6230 (TTY 711). You can also find the Provider Directory online at www.cchealth.org/FindAProvider. To get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

You must get pre-approval (prior authorization) from CCHP before you visit an out-of-network provider except when:

- If you need emergency care, call **911** or go to the nearest emergency room or hospital.
- If you are outside the CCHP service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).

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

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

Out-of-network providers are providers that do not have an agreement to work with CCHP. Except for emergency care, and care pre-approved by CCHP, you might have to pay for any care you get from out-of-network providers in your service area.

If you need medically necessary health care services that are not available in the network, you might be able to get them from an out-of-network provider for free. CCHP may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. For CCHP’s time or



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distance standards for where you live, go to www.cchealth.org/health-insurance/for-cchp-members/provider-directory/alternative-access-standards. If we give you a referral to an out-of-network provider, we will pay for your care.

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

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

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

If you need help with out-of-network services, call 1-877-661-6230 (TTY 711).

Outside the service area

If you are outside of the CCHP service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call 1-877-661-6230 (TTY 711). A reminder that CCHP's service area is Contra Costa County.

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

If you paid for emergency care requiring hospitalization in Canada or Mexico, you can ask CCHP to pay you back. CCHP will review your request. To learn more about being paid back, read Chapter 2, "About your health plan" in this handbook.

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

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

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

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

If you have questions about out-of-network or out-of-service-area care, call 1-877-661-6230 (TTY 711). If the office is closed and you want help from a CCHP representative, call CCHP's Advice Nurse line at 1-877-661-6230 and select Option 1 (TTY 711).

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

How managed care works

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

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

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

In most cases, you must go to specialists and other health professionals who work with the same medical group as your PCP. Except for emergencies, you must also get hospital care from the hospital connected with your medical group. If you have a medical emergency, you can get care right away at any emergency room, hospital or urgent care facility, even if it is not connected to your medical group. To learn more, read "Urgent care" and "Emergency care" in Chapter 3 of this handbook.

Sometimes, you might need a service that is not available from a provider in the medical



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group. In that case, your PCP will refer you to a provider who is in another medical group or is outside the network. Your PCP will ask for pre-approval (prior authorization) for you to go to this provider.

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

Members who have both Medicare and Medi-Cal

If you have both Medicare and Medi-Cal, you can still see your Medicare providers for services covered by Medicare. Your Medi-Cal coverage through Contra Costa Health Plan (CCHP) does not change your Medicare benefits.

If you get your Medicare through Original Medicare or a Medicare Advantage plan, remember:

- Use your Medicare or Medicare Advantage card for Medicare services.
- You may need to use providers in your Medicare Advantage plan's network.
- Check your Medicare Advantage Evidence of Coverage (EOC) and Provider Directory to learn what is covered and where to go.

If you need services that are covered by Medi-Cal but not by Medicare, you must use CCHP's network of Medi-Cal providers. (Some exceptions may apply—see the “In-network providers” section.)

Starting in 2026, CCHP offers a new plan called Contra Costa Health Care Plus (Care Plus). Care Plus is a Medicare Medi-Cal Plan (also called a D-SNP) for members who want to get both Medicare and Medi-Cal services through one health plan.

To learn more about Care Plus, visit www.cchealth.org/CarePlus or call Care Plus at 1-844-729-8412 (TTY 711).

Doctors

You will choose a doctor or other provider from the CCHP Provider Directory as your PCP. The PCP you choose must be an in-network provider. To get a copy of the CCHP Provider Directory, call 1-877-661-6230 (TTY 711). Or find it online at www.cchealth.org/FindAProvider.

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

If you had a doctor before you were a member of CCHP, and that doctor is not part of the CCHP network, you might be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in Chapter 2, “About your health plan” in this handbook. To learn more, call 1-877-661-6230 (TTY 711).

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

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

If you want to change your PCP, you must choose a PCP from the CCHP Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-877-661-6230 (TTY 711). You can also change your PCP anytime through the MyChart member portal at mychart.cchealth.org.

Hospitals

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

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

Women’s health specialists

You can go to a women’s health specialist in CCHP’s network for covered care necessary to provide women’s preventative and routine care services. You do not need a referral or authorization from your PCP to get these services. For help finding a women’s health specialist, you can call 1-877-661-6230 (TTY 711). You can also call the 24/7 Advice Nurse Line at 1-877-661-6230 and select Option 1 (TTY 711). Or, search online using our Provider Directory at www.cchealth.org/FindAProvider.

For family planning services, your provider does not have to be in the CCHP provider network. You can choose any Medi-Cal provider and go to them without a referral or pre-approval (prior authorization). For help finding a Medi-Cal provider outside the CCHP provider network, call 1-877-661-6230.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

Provider Directory

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

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

The Provider Directory has CCHP in-network provider names, specialties, addresses, phone numbers, business hours, languages spoken, and whether the provider is taking new patients. The Provider Directory also shows whether a provider has informed CCHP that they offer gender affirming services. It also gives the physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

To learn more about a doctor’s education, professional qualifications, residency completion, training, and board certification, call 1-877-661-6230 (TTY 711).

You can find the online Provider Directory at www.cchealth.org/FindAProvider.

If you need a printed Provider Directory, call 1-877-661-6230 (TTY 711).

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

Timely access to care

Your in-network provider must provide timely access to care based on your health care needs. At minimum, they must offer you an appointment listed in the time frames shown in the table below. CCHP must authorize a referral for care to an out-of-network provider if the services you need are not available in-network within these timely access standards.

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



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Appointment type	You should be able to get an appointment within:
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments including psychiatrist	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Other wait time standards	You should be able to get connected within:
Member Services telephone wait times during normal business hours	10 minutes
Telephone wait times for Advice Nurse Line	30 minutes (connected to nurse)

Sometimes waiting longer for an appointment is not a problem. Your provider might give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health. You can choose to wait for a later appointment or call CCHP to go to another provider of your choice. Your provider and CCHP will respect your wish.

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

Tell us if you need interpreter services, including sign language, when you call CCHP or when you get covered services. Interpreter services are available for free. We highly discourage the use of minors or family members as interpreters. To learn more about interpreter services we offer, call Member Services at 1-877-661-6230 (TTY 711).



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

If you need interpreter services, including sign language, at a Medi-Cal Rx pharmacy, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can call 711, Monday through Friday, 8 a.m. to 5 p.m.

Travel time or distance to care

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

If CCHP is not able to provide care to you within these travel time or distance standards, DHCS may allow a different standard, called an alternative access standard. For CCHP's time or distance standards for where you live, go to www.cchealth.org/health-insurance/for-cchp-members/provider-directory/alternative-access-standards. Or call 1-877-661-6230 (TTY 711).

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

If you need care from a provider located far from where you live, call Member Services at 1-877-661-6230 (TTY 711). They can help you find care with a provider located closer to you. If CCHP cannot find care for you from a closer provider, you can ask CCHP to arrange transportation for you to go to your provider, even if that provider is located far from where you live.

If you need help with pharmacy providers, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711.

Appointments

When you need health care:

- Call your PCP.
- Have your CCHP ID number ready on the call.
- Leave a message with your name and phone number if the office is closed.
- Take your Medi-Cal BIC card and CCHP ID card to your appointment.
- Ask for transportation to your appointment, if needed.
- Ask for needed language assistance or interpreting services before your appointment to have the services at the time of your visit.
- Be on time for your appointment, arrive a few minutes early to sign in, fill out forms,



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

and answer any questions your PCP may have.

- Call right away if you cannot keep your appointment or will be late.
- Have your questions and medication information ready.

If you have an emergency, call **911** or go to the nearest emergency room or hospital. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the CCHP Advice Nurse Line at 1-877-661-6230 and select Option 1 (TTY 711).

Getting to your appointment

If you do not have a way to get to and from your appointments for covered services, CCHP can help arrange transportation for you. Depending on your situation, you may qualify for either Medical Transportation or Non-Medical Transportation. These transportation services are not for emergencies and are available for free.

If you are having an emergency, call **911**. Transportation is available for services and appointments not related to emergency care.

To learn more, read “Transportation benefits for situations that are not emergencies” in Chapter 4 of this handbook.

Canceling and rescheduling

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

Payment

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

If you do get a bill, call 1-877-661-6230 (TTY 711). If you get a bill for prescriptions, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

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

You must get pre-approval (prior authorization) from CCHP before you visit an out-of-network provider except when:

- You need emergency care, in which case call **911** or go to the nearest emergency room or hospital.
- You need family planning services or services related to testing for sexually transmitted infections, in which case you can go to any Medi-Cal provider without pre-approval (prior authorization).
- You need mental health services, in which case you can see an in-network provider or go to a county mental health plan provider without pre-approval (prior authorization).

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

If you get a bill or are asked to pay a co-pay you do not think you have to pay, call 1-877-661-6230 (TTY 711). If you pay the bill, you can file a claim form with CCHP. You will need to tell CCHP in writing about the item or service you paid for. CCHP will read your claim and decide if you can get money back.

For questions or to ask for a claim form, call 1-877-661-6230 (TTY 711).

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

CCHP will not pay you back if:

- The services are not covered by Medi-Cal, such as cosmetic services.
- You have an unmet Medi-Cal Monthly Resident Cost.
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- You ask to be paid back for Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan.

Referrals

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

Other services that might need a referral include in-office procedures, X-rays, lab work, and services and procedures with providers who are not in the CCHP network.

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

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

If you have trouble getting a standing referral or want a copy of the CCHP referral policy, call 1-877-661-6230 (TTY 711).

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

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

Minors can also get certain outpatient mental health treatment or counseling and substance use disorder (SUD) treatment and services without a parent or guardian’s



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

consent. To learn more, read “Minor consent services” later in this chapter and “Substance use disorder (SUD) treatment services” in Chapter 4 of this handbook.

California Cancer Equity Act referrals

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

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

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

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

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

Pre-approval (prior authorization)

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

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

The following services **always** need pre-approval (prior authorization), even if you get



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them from a provider in the CCHP network:

- Hospitalization, if not an emergency
- Services out of the CCHP service area, if not an emergency or urgent care
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility (including adult and pediatric Subacute Care Facilities contracted with the Department of Health Care Services Subacute Care Unit) or intermediate care facilities (including Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), ICF/DD-Nursing (ICF/DD-N))
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency

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

CCHP has five business days from when CCHP gets the information reasonably needed to decide (approve or deny) pre-approval (prior authorization) requests. When a pre-approval (prior authorization) request is made by a provider and CCHP finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, CCHP will make a pre-approval (prior authorization) decision in no longer than 72 hours. This means that after getting the request for pre-approval (prior authorization), CCHP will give you notice as quickly as your health condition requires and no later than 72 hours or five days after the request for services. Clinical or medical staff such as doctors, nurses, and pharmacists review pre-approval (prior authorization) requests.

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

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

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

For questions about pre-approval (prior authorization), call 1-877-661-6230 (TTY 711).



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Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you might want a second opinion if you want to make sure your diagnosis is correct, you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked. CCHP will pay for a second opinion if you or your in-network provider asks for it, and you get the second opinion from an in-network provider. You do not need pre-approval (prior authorization) from CCHP to get a second opinion from an in-network provider. If you want to get a second opinion, we will refer you to a qualified in-network provider who can give you one.

To ask for a second opinion and get help choosing a provider, call 1-877-661-6230 (TTY 711). Your in-network provider can also help you get a referral for a second opinion if you want one.

If there is no provider in the CCHP network who can give you a second opinion, CCHP will pay for a second opinion from an out-of-network provider. CCHP will tell you within five business days if the provider you choose for a second opinion is approved. If you have a chronic, severe, or serious illness, or have an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, CCHP will tell you in writing within 72 hours.

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

Sensitive care

Minor consent services

If you are under age 18, you do not need parent or guardian permission to get some health care services and you can receive them confidentially, which means your parent or guardian will not be notified or contacted if you get these services without your written permission. These services are called minor consent services.

You can get the following services at any age without your parent or guardian’s permission:

- Sexual assaults services
- Pregnancy and pregnancy related services, including abortion services



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- Family planning services, such as contraception services (e.g., birth control)

If you are at **age 12 or older** in addition to the services above, you can also get the following services without your parent or guardian's permission:

- Outpatient mental health treatment or counseling. This will depend on your maturity and ability to take part in your health care, as determined by a professional person.
- Infections, contagious, or communicable disease diagnosis and treatment, including for HIV/AIDS
- Sexually transmitted infection (STI) prevention, testing, diagnosis, and treatment for STIs like syphilis, gonorrhea, chlamydia, and herpes simplex
- Intimate partner violence services
- Substance use disorder (SUD) treatment for drug and alcohol abuse including screening, assessment, intervention, and referral services

You can get minor consent services from any Medi-Cal provider or clinic. Providers do not have to be in the CCHP network. You do not need a referral from your PCP or pre-approval (prior authorization).

If you use an out-of-network provider for services **not** related to sensitive care, then they may not be covered.

To find a Medi-Cal provider outside the CCHP Medi-Cal network for minor consent services, or to ask for transportation help to get to a provider, call CCHP Member Services at 1-877-661-6630 (TTY 711).

For more on contraceptive services, read “Preventive and wellness services and chronic disease management” in Chapter 4 of this handbook.

CCHP does not cover minor consent services that are specialty mental health services (SMHS) or most SUD services. The county where you live covers these services. To learn more, including how to access these services, read the “Specialty Mental Health Services (SMHS)” and “Substance Use Disorder (SUD) Treatment Services” in Chapter 4 of this handbook. To learn more, call 1-800-846-1652 (TTY 711).

For a list of all counties' toll-free telephone numbers for SMHS, go to:

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

For a list of all counties' toll-free telephone numbers for SUD treatment services, go to:

https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

Minors can talk to a representative in private about their health concerns by calling the 24/7 nurse line at 1-877-661-6230 and select Option 1.

You can also ask to get private information about your medical services in a certain _____



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form or format, if available. You can have it sent to you at another location. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

Adult sensitive care services

If you are an adult who is 18 years or older, you do not have to go to your PCP for certain sensitive or private care. You can choose any doctor or clinic for these types of care:

- Family planning and birth control. For adults 21 years and older, these services include sterilization.
- Pregnancy testing and counseling and other pregnancy-related services
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing, and treatment
- Sexual assault care
- Outpatient abortion services

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

If you need help finding a doctor or clinic for these services, or help getting to these services (including transportation), call 1-877-661-6230 (TTY 711). Or call the 24/7 nurse line at 1-877-661-6230 and select Option 1.

CCHP will not give information on your sensitive care services to your CCHP plan policyholder or primary subscriber, or to any CCHP enrollees, without your written permission. You can get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to request confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

Moral objection

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

Some hospitals and providers do not provide one or more of these services even if they



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are covered by Medi-Cal:

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

To make sure you choose a provider who can give you the care you and your family needs, call the doctor, medical group, independent practice association, or clinic you want. Ask if the provider can and will provide the services you need. Or call CCHP at 1-877-661-6230 (TTY 711).

These services are available to you. CCHP will make sure you and your family members can use providers (doctors, hospitals, and clinics) who will give you the care you need. If you have questions or need help finding a provider, call CCHP at 1-877-661-6230 (TTY 711).

Urgent care

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

For urgent care, call your PCP. If you cannot reach your PCP, call 1-877-661-6230 (TTY 711). Or you can call 1-877-661-6230 and select Option 1 to learn the level of care that is best for you. You can reach a CCHP Advice Nurse 24 hours a day, 365 days a year. Call 1-877-661-6230 and select Option 1 or TTY 711.

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

Urgent care needs could be:

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



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- Maternity services

When you are inside CCHP’s service area and need urgent care, you must get the urgent care services from an in-network provider. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside CCHP’s service area. If you need help finding an in-network urgent care provider, call 1-877-661-6230, (TTY 711) or go to www.ContraCostaHealthPlan.org.

If you are outside the CCHP service area, but inside the United States, you do not need pre-approval (prior authorization) to get urgent care outside the service area. Go to the nearest urgent care facility.

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

If you need urgent mental health care or substance use disorder services, call your county mental health or substance use disorder program, or Member Services at 1-877-661-6230, TTY 711. Call your county mental health or substance use disorder program or your CCHP Behavioral Health Plan any time, 24 hours a day, 7 days a week. To find all counties’ toll-free telephone numbers online, go to:

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

If you get medicines as part of your covered urgent care visit while you are there, CCHP will cover them as part of your covered visit. If your urgent care provider gives you a prescription that you need to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read “Prescription drugs covered by Medi-Cal Rx” in Chapter 4 of this handbook.

Emergency care

For emergency care, call **911** or go to the nearest emergency room or hospital. For emergency care, you do **not** need pre-approval (prior authorization) from CCHP.

Inside the United States (including territories such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands), you have the right to use any hospital or other setting for emergency care.

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

Emergency care is for life-threatening medical conditions. This care is for an illness or



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

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Trouble breathing
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts

Do **not** go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. You do not need to ask your PCP or CCHP before you go to the ER. However, if you are not sure if your medical condition is an emergency, call your PCP. You can also call the 24/7 Advice Nurse Line at 1-877-661-6230 and select Option 1 (TTY 711).

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

If you need emergency transportation, call **911**.

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

If you or someone you know is in crisis, please contact the **988** Suicide and Crisis Lifeline. **Call or text 988** or **chat online at [988lifeline.org/chat](https://www.988lifeline.org/chat)**. The **988** Suicide and Crisis Lifeline offers free and confidential support for anyone in crisis. That includes people who are in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis.

Remember: Do not call **911** unless you reasonably believe you have a medical emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest



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emergency room or hospital.

CCHP's Advice Nurse Line gives you free medical information and advice 24 hours a day, every day of the year. Call 1-877-661-6230 and select Option 1 (TTY 711).

Advice Nurse Line

CCHP Advice Nurse Line can give you free medical information and advice 24 hours a day, every day of the year. Call 1-877-661-6230 and select Option 1 (TTY 711) to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition
- After normal business hours, you can call your Primary Care Provider (PCP). Most PCP offices have an after-hours answering service that can connect you with an on-call provider
- Call the CCHP Nurse Advice Line at 1-877-661-6230 (Option 1) (TTY 711). A nurse can give you medical advice and help you decide if you should wait for an appointment, go to urgent care, or seek emergency care

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

If you don't speak English, the Advice Nurse Line can connect you with an interpreter. Call our 24/7 Advice Nurse Line if you need medical help and your regular doctor is not available.

Advance health care directives

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

You can get an advance directive form at pharmacies, hospitals, law offices, and doctors' offices. You might have to pay for the form. You can also find and download a



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

To learn more, you can call CCHP at 1-877-661-6230 (TTY 711).

Organ and tissue donation

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



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4. Benefits and services

What benefits and services your health plan covers

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

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call 1-877-661-6230 (TTY 711).

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

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



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- Acupuncture*
- Acute (short-term treatment) home health therapies and services
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology*
- Basic care management services
- Behavioral health treatment*
- Biomarker testing*
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & Radiation therapy
- Cognitive health assessments
- Community Health Worker (CHW) services
- Community Supports
- Complex Care Management (CCM) services
- Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office)
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)*
- Dyadic services
- Emergency room visits
- Enhanced Care Management (ECM) services
- Enteral and parenteral nutrition*
- Family planning services (you can go to an out-of-network provider)
- Gender-affirming care
- Habilitative services and devices*
- Hearing aids
- Home health care*
- Hospice care*
- Immunizations (shots)
- Inpatient medical and surgical care*
- Intermediate care facility for developmentally disabled services
- Lab and radiology*
- Long-term home health therapies and services*
- Long-term services and supports
- Maternity and newborn care
- Mental health treatment
- Occupational therapy*
- Organ and bone marrow transplant*
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices*
- Skilled nursing services, including subacute services
- Specialist visits
- Speech therapy*
- Substance use treatment
- Surgical services
- Telemedicine/Telehealth
- Transgender services*
- Transitional care services
- Urgent care
- Vision services*
- Women's health services

Definitions and descriptions of covered services are in Chapter 8, "Important numbers"



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and words to know” in this handbook.

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

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

For members under age 21, a service is medically necessary if it is necessary to correct or improve defects and physical and mental illnesses or conditions under the Medi-Cal for Kids and Teens (also known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or maintain the member’s condition to keep it from getting worse.

Medically necessary services do not include:

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

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

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

- Protect life,
- Prevent significant illness or significant disability,
- Alleviate severe pain,
- Achieve age-appropriate growth and development, or



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- Attain, maintain, and regain functional capacity

For members younger than 21 years old, medically necessary services include all covered services listed above plus any other necessary health care, screening, immunizations, diagnostic services, treatment, and other measures to correct or improve defects and physical and mental illnesses and conditions, the Medi-Cal for Kids and Teens benefit requires. This benefit is known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Medi-Cal for Kids and Teens provides prevention, diagnostic, and treatment services for enrolled infants, children, and adolescents under 21 years old. Medi-Cal for Kids and Teens covers more services than services offered to adults. It is designed to make sure children get early detection and care to prevent or diagnose and treat health problems as soon as possible. The goal of Medi-Cal for Kids and Teens is to make sure every child gets the health care they need when they need it – the right care to the right child at the right time in the right setting.

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

Medi-Cal benefits covered by CCHP

Outpatient (ambulatory) services

Adult immunizations (shots)

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

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

Allergy care

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



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sensitization, or immunotherapy.

Anesthesiologist services

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

Chiropractic services

CCHP covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of two services per month, or combination of two services per month from the following services: acupuncture, audiology, occupational therapy, and speech therapy. Limits do not apply to children under age 21. CCHP may pre-approve other services as medically necessary.

These members qualify for chiropractic services:

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

Cognitive health assessments

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

Community Health Worker (CHW) services

CCHP covers CHW services for individuals when recommended by a doctor or other licensed practitioner to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. CHW services have no service location limits and members can receive services in settings, such as the emergency room. Services may include:



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- Health education and individual support or advocacy, including control and prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and violence or injury prevention
- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management
- Health navigation, including providing information, training, and support to help get health care and community resources
- Screening and assessment services that do not require a license, and help connect a member to services to improve their health

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

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

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

Dialysis and hemodialysis services

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

Medi-Cal coverage does not include:

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

Doula services

CCHP covers doula services provided by in-network doula providers during a member's pregnancy; during labor and delivery, including stillbirth, miscarriage, and abortion; and within one year of the end of a member's pregnancy. Medi-Cal does not cover all doula services. Doula services do not include determination of medical conditions, providing medical advice, or any type of clinical assessment, exam, or procedure. The following Medi-Cal services are not part of the doula benefit:

- Behavioral health services



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- Belly binding after cesarean section by a clinician
- Clinical case coordination
- Childbirth education group classes
- Comprehensive health education, including orientation, assessment, and planning (Comprehensive Perinatal Services program services)
- Health care services related to pregnancy, birth, and the postpartum period
- Hypnotherapy (non-specialty mental health service (NSMHS))
- Lactation consulting, group classes, and supplies
- Medically Necessary Community Supports services
- Nutrition services (assessment, counseling, and care plan development)
- Transportation

If a member needs or wants doula or pregnancy-related services that are **not** covered, the member or doula can request care. Call the member's PCP or CCHP Member Services.

Doula providers are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during, stillbirth, miscarriage, and abortion.

Any pregnant or postpartum member may receive the following services from an in-network doula provider:

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

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

Any pregnant or postpartum member who wants doula services may find a doula by calling 1-877-661-6230 and press Option 2 (TTY 711). CCHP must coordinate for out-of-network access to doula services for members if an in-network doula provider is not available.

Dyadic services

CCHP covers medically necessary Dyadic Behavioral Health (DBH) care services for members and their caregivers. A dyad is a child age 0 to 20 and their parents or



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caregivers. Dyadic care serves parents or caregivers and the child together. It targets family well-being to support healthy child development and mental health.

Dyadic care services include:

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

Outpatient surgery

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

Physician services

CCHP covers physician services that are medically necessary.

Podiatry (foot) services

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

Treatment therapies

CCHP covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

CCHP covers these maternity and newborn care services:

- Delivery in a birthing center, home, or hospital based on what the member prefers and what is medically best for them.



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- Breast pumps and supplies
- Breast-feeding education and aids
- Care coordination
- Counseling
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Maternal mental health services
- Newborn care
- Nutrition education
- Pregnancy-related health education
- Prenatal, delivery, and postpartum care from a certified nurse midwife (CNM), licensed midwife (LM) or physician, based on member prefers and what is medically best for them
- Social and mental health assessments and referrals
- Vitamin and mineral supplements

Every pregnant and postpartum member may receive all of the above services. Members may contact 1-877-661-6230 and press Option 2 (TTY 711) for help getting services.

Extended postpartum coverage

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

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider by phone, video, or other means. Or telehealth may involve sharing information with your provider without a live conversation. You can get many services through telehealth.

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



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Mental health services

Outpatient mental health services

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

Your PCP or mental health provider might make a referral for more mental health screening to a specialist in the CCHP network to decide the level of care you need. If your screening results find you are mildly or moderately impaired due to a mental health condition, CCHP can provide mental health services for you. CCHP covers mental health services such as:

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

For help finding more information on mental health services provided by CCHP, call 1-877-661-6230 (TTY 711). If you're not sure what kind of care you need, or need help finding a mental health provider, call the County's 24-hour ACCESS Line at 1-877-661-6230, Option 4 (TTY 711) or 1-888-678-7277 (TTY 711).

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

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



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to choose the right care for you. To learn more, read “Other Medi-Cal programs and services” in Chapter 4 of this handbook.

If you or someone you know is in crisis, contact the **988** Suicide and Crisis Lifeline. **Call or text 988** or **chat online at 988lifeline.org/chat**. The **988** Suicide and Crisis Lifeline offers free and private help. Anyone can get help, including those in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis.

Emergency care services

Inpatient and outpatient services needed to treat a medical emergency

CCHP covers all services needed to treat a medical emergency that happens in the United States (including territories such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands). CCHP also covers emergency care that requires hospitalization in Canada or Mexico.

A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent (reasonable) layperson (not a health care professional) could expect it to result in any of the following:

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

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

If you need an emergency supply of a medication from an outpatient pharmacy while traveling, Medi-Cal Rx will be responsible for covering the medication, and not CCHP. If the pharmacy needs help giving you an emergency medication supply, have them call Medi-Cal Rx at 1-800-977-2273.



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Emergency transportation services

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

Hospice and palliative care

CCHP covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social, and spiritual discomforts. Adults age 21 years or older may not get hospice care and curative (healing) care services at the same time.

Hospice care

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

Hospice care includes:

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

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

Palliative care

Palliative care is patient and family-centered care that improves quality of life by



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anticipating, preventing, and treating suffering. Palliative care is available to children and adults with a serious or life-threatening illness. It does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Palliative care includes:

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

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

Hospitalization

Anesthesiologist services

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

Inpatient hospital services

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

Rapid Whole Genome Sequencing

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



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parents and their baby, and ultra-rapid sequencing.

RWGS is a new way to diagnose conditions in time to affect Intensive Care Unit (ICU) care of children one year of age or younger. If your child qualifies for the California Children's Services (CCS) program, CCS may cover the hospital stay and the RWGS.

Surgical services

CCHP covers medically necessary surgeries performed in a hospital.

Rehabilitative and habilitative (therapy) services and devices

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

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

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

CCHP covers these rehabilitative/habilitative services:

Acupuncture

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

Outpatient acupuncture services, with or without electric stimulation of needles, are limited to two services per month in combination with audiology, chiropractic, occupational therapy, and speech therapy services when provided by a doctor, dentist, podiatrist, or acupuncturist. Limits do not apply to children under age 21. CCHP may pre-approve (prior authorize) more services as medically necessary.

Audiology (hearing)

CCHP covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy, and speech therapy services (limits do not apply to children under age 21). CCHP may pre-approve



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(prior authorize) more services as medically necessary.

Behavioral health treatments

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

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

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

Cardiac rehabilitation

CCHP covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

- CCHP covers the purchase or rental of DME supplies, equipment, and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse specialist. Prescribed DME items are covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.
- Medi-Cal Rx covers disposable outpatient devices commonly available from a pharmacy for testing blood glucose or urine, such as diabetes blood glucose monitors, continuous glucose monitors, test strips, and lancets.

Generally, CCHP does not cover:

- Comfort, convenience, or luxury equipment, features, and supplies, except retail-grade breast pumps as described earlier in this chapter under “Breast pumps and supplies” in “Maternity and newborn care”
- Items not intended to maintain normal activities of daily living, such as exercise equipment including devices intended to provide more support for recreational or sports activities



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- Hygiene equipment, except when medically necessary for a member under age 21
- Nonmedical items such as sauna baths or elevators
- Modifications to your home (unless available and offered through Community Supports) or car
- Electronic monitors of the heart or lungs except infant apnea monitors
- Repair or replacement of equipment due to loss, theft, or misuse, except when medically necessary for a member under age 21
- Other items not generally used mainly for health care

In some cases, these items may be approved when your doctor submits a request for pre-approval (prior authorization) and the items are medically necessary and meet the definition of DME.

Enteral and parenteral nutrition

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

Hearing aids

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

Hearing aids for members under age 21:

In Contra Costa County, state law requires children under 21 years old who need hearing aids to be referred to the California Children's Services (CCS) program to decide if the child qualifies for CCS. If the child qualifies for CCS, CCS will cover the costs for medically necessary hearing aids if it is to treat the medical condition. If the child does not qualify for CCS, CCHP will cover medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for members age 21 and older.

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

- Ear molds needed for fitting
- One standard battery pack



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- Visits to make sure the hearing aid is working right
- Visits for cleaning and fitting your hearing aid
- Repair of your hearing aid
- Hearing aid accessories and rentals

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

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

For adults age 21 and older, Medi-Cal does **not** cover:

- Replacement hearing aid batteries

Home health services

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

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

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

Medical supplies, equipment, and appliances

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

Medi-Cal does **not** cover:

- Common household items including, but not limited to:
 - Adhesive tape (all types)
 - Rubbing alcohol
 - Cosmetics
 - Cotton balls and swabs
 - Dusting powders
 - Tissue wipes



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

Occupational therapy

CCHP 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 (limits do not apply to children under age 21). CCHP may pre-approve (prior authorize) more services as medically necessary.

Orthotics/prostheses

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

Ostomy and urological supplies

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

Physical therapy

CCHP covers medically necessary physical therapy services when prescribed by a doctor, dentist, or podiatrist. Services include physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and applying of topical



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medicines. Prescriptions are limited to six months and may be renewed for medical necessity.

Pulmonary rehabilitation

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

Skilled nursing facility services

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

Speech therapy

CCHP covers speech therapy that is medically necessary and prescribed by a doctor or dentist. Prescriptions are limited to six months and may be renewed for medical necessity. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy services. Limits do not apply to children under age 21. CCHP may pre-approve (prior authorize) more than two services per month as medically necessary.

Transgender services

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

Clinical trials

CCHP covers routine patient care costs for patients accepted into clinical trials, including clinical trials for cancer, listed for the United States at <https://clinicaltrials.gov>. Medi-Cal Rx, part of FFS Medi-Cal, covers most outpatient prescription drugs. To learn more, read “Outpatient prescription drugs” later in this chapter.

Laboratory and radiology services

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



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Preventive and wellness services and chronic disease management

CCHP coverage includes, but is not limited to:

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

Family planning services

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

For family planning services, you may choose any Medi-Cal doctor or clinic not in-network with CCHP without having to get pre-approval (prior authorization) from CCHP. If you get services not related to family planning from an out-of-network provider, those services might not be covered. To learn more, call 1-877-661-6230 (TTY 711).

Chronic disease management

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

- Diabetes
- Cardiovascular disease
- Asthma

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

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes. It is designed to



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prevent or delay the onset of Type 2 diabetes in persons diagnosed with prediabetes. Members who meet criteria might qualify for a second year. The program provides education and group support. Techniques include, but are not limited to:

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

Members must meet certain rules to join DPP. Call CCHP to learn if you qualify for the program. If you qualify for the program, you can contact CCHP's Diabetes Prevention Program partner, Inspiring Communities, at 1-510-609-6875.

Reconstructive services

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

Substance use disorder (SUD) screening services

CCHP covers:

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

For treatment coverage through the county, read "Substance use disorder (SUD) treatment services" later in this chapter.

Vision benefits

CCHP covers:

- A routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes
- Eyeglasses (frames and lenses) once every 24 months with a valid prescription
- Replacement eyeglasses within 24 months if your prescription changes or your eyeglasses are lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.



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- Low vision devices if you have vision impairment that impacts your ability to perform everyday activities (such as age-related macular degeneration) and standard glasses, contact lenses, medicine, or surgery cannot correct your visual impairment.
- Medically necessary contact lenses. Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (such as missing an eye). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus.
- Artificial eye services and materials for members who have lost an eye or eyes to disease or injury.

Transportation benefits for situations that are not emergencies

You can get medical transportation if you have medical needs that do not allow you to use a car, bus, train, taxi, or other form of public or private transportation to get to your appointments for medical care. You can get medical transportation for covered services and Medi-Cal covered pharmacy appointments. You can request medical transportation by asking for it from your provider. This includes your doctor, dentist, podiatrist, physical therapist, speech therapist, occupational therapist, mental health or substance use disorder (SUD) provider, physician assistant, nurse practitioner, or certified nurse midwife. Your provider will decide the correct type of transportation to meet your needs.

If they find that you need medical transportation, they will prescribe it by filling out a form and submitting it to CCHP. Once approved, the approval is good for up to 12 months, depending on the medical need. Once approved, you can get as many rides as you need for your covered medical and pharmacy appointments. Your provider will need to re-assess your medical need for medical transportation and, if appropriate, re-approve your prescription for medical transportation when it expires, if you still qualify. Your doctor may re-approve the medical transportation for up to 12 months or less.

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

You will get medical transportation if:

- It is physically or medically needed, with a written authorization by your provider because you are not able to physically or medically able to use a car, bus, train, or other form of public or private transportation to get to your appointment.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- You need help from the driver to and from your home, vehicle, or place of treatment due to a physical or mental disability.

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call CCHP at 1-855-222-1218 (TTY 711) at least 7 to 10 business days (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible. Have your CCHP member ID card ready when you call.

Limits of medical transportation

CCHP provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. You cannot get medical transportation if Medi-Cal does not cover the service you are getting, or it is not a Medi-Cal-covered pharmacy appointment. The list of covered services is in the “Benefits and services” section in Chapter 4 of this handbook.

If Medi-Cal covers the appointment type but not through the health plan, CCHP will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered outside of the CCHP network or service area unless pre-approved (pre-authorized) by CCHP. To learn more or to ask for medical transportation, call CCHP at 1-855-222-1218 (TTY 711).

Cost to member

There is no cost when CCHP arranges transportation.

How to get non-medical transportation

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service and you do not have any access to transportation. You can get a ride, for free, when you have tried all other ways to get transportation and are:

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

CCHP allows you to use a car, taxi, bus, or other public or private way of getting to your medical appointment for Medi-Cal-covered services. CCHP will cover the lowest cost of non-medical transportation type that meets your needs.

Sometimes, CCHP can reimburse you (pay you back) for rides in a private vehicle that you arrange. CCHP must approve this before you get the ride. You must tell us why you cannot get a ride any other way, such as by bus. You can call or tell us in person. If you have access to transportation or can drive yourself to the appointment, CCHP will not



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reimburse you. This benefit is only for members who do not have access to transportation.

For mileage reimbursement for an approved private vehicle ride, you must submit copies of the driver's:

- Valid driver's license,
- Valid vehicle registration, and
- Valid vehicle insurance.

To request a ride for services, call CCHP at 1-855-222-1218 (TTY 711) at least 5 to 7 business days (Monday-Friday) before your appointment, or as soon as you can when you have an urgent appointment. Have your CCHP member ID card ready when you call.

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

Limits of non-medical transportation

CCHP provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive themselves or be reimbursed directly for non-medical transportation. To learn more, call CCHP at 1-855-222-1218 (TTY 711).

Non-medical transportation does not apply if:

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

Cost to member

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

Travel expenses

In some cases, if you have to travel for doctor's appointments that are not available near your home, CCHP can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. These travel expenses may also be covered for someone who is traveling with you to help you with your appointment or



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someone who is donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting CCHP at 1-855-222-1218 (TTY 711).

Other CCHP covered benefits and programs

Long-term care services

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

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

If you qualify for long-term care services, CCHP will make sure you are placed in a health care facility or home that gives the level of care most appropriate to your medical needs. CCHP will work with your local Regional Center to determine if you qualify for ICF/DD, ICF/DD-H, or ICF/DD-N services.

If you have questions about long-term care services, call 1-877-661-6230, Option 2 (TTY 711).

Basic care management

Getting care from many different providers or in different health systems is challenging. CCHP wants to make sure members get all medically necessary services, prescription medicines, and behavioral health services (mental health and/or substance use disorder services). CCHP can help coordinate care and manage your health needs for free. This help is available even when another program covers the services.

If you have questions or concerns about your health or the health of your child, call 1-877-661-6230 (TTY 711).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. CCHP offers CCM services to individuals with:



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- Poorly controlled disease states as evidenced by:
 - 2 or more hospitalizations within the last 12 months with at least one related to a chronic condition, or
 - 3 emergency room/department visits in the last 6 months with at least one visit related to a chronic condition
- Taking 15 or more prescribed medications
- Transplant candidate or recipient

If you are enrolled in CCM or Enhanced Care Management (ECM), (read below), CCHP will make sure you have an assigned case manager who can help with basic care management described above and with other transitional care supports available if you are discharged from a hospital, skilled nursing facility, psychiatric hospital, or residential treatment.

Enhanced Care Management (ECM)

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

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

Covered ECM services

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

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



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- Comprehensive transitional care
- Member and family support services
- Coordination and referral to community and social supports

To find out if ECM might be right for you, talk to your CCHP representative or health care provider. You may also call CCHP at 1-877-661-6230 (TTY 711) Monday through Friday, 8 am to 5 pm.

Cost to member

There is no cost to the member for ECM services.

Transitional care services

CCHP can help you manage your health care needs during transitions (changes). For example, going home after a hospital stay is a transition when a member may have new health needs for medicines and appointments. Members can get support to have a safe transition. CCHP can help you with these transitional care services:

- Scheduling a follow-up appointment
- Getting medicines
- Getting free transportation to an in-person appointment.

CCHP has a dedicated phone number that is only helping members during care transitions. CCHP also has a care manager that is only for higher risk members, including those who are pregnant or post-partum, or those admitted to or discharged from a nursing home. This care manager who members contact for help coordinating services that may affect their health including housing and food services.

To request transitional care services, contact your CCHP representative. They will help you with programs, providers or other support in your language. You can call Member Services at 1-877-661-6230 and select Option 2 (TTY 711) to learn more.

Community Supports

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



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Respite Services

Respite Services give your caregiver a short break when they need it. These services are non-medical. They are meant to give your caregiver rest while making sure you are safe and cared for. Respite is not the same as medical respite or recuperative care.

Respite Services may include:

- Hourly care when your caregiver is away or needs time off.
- Day or overnight care for short periods when your caregiver is away or needs time off.
- Help with your basic daily needs, like eating, bathing, talking with others, or keeping your normal routine.

Where services can happen:

- Home Respite Services take place in your home or in another place you are staying.
- Facility Respite Services take place in an approved care setting outside your home.

We provide Respite Services to help you stay in your home and to give your caregiver a break, so they do not get overwhelmed or burned out. This can also help avoid the need for long-term institutional care.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Assisted Living Facility Transitions (ALF)

Assisted Living Facility Transitions (ALF) can help you live in the community instead of a nursing facility. It can also help you return to a more home-like setting if you are already in a nursing facility. The goal is to give you the choice to live in an assisted living facility instead of a long-term nursing home.

An assisted living facility (ALF) can be a Residential Care Facility for the Elderly (RCFE) or an Adult Residential Care Facility (ARF).

This service has two parts:

1. Transition Services

These are short-term supports that help you move into an ALF. Once you move



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in, these services end. What you get depends on your needs. Transition help may include:

- Reviewing your housing needs and showing you options.
- Checking if you need extra onsite services to live safely at the ALF.
- Helping with applications and important documents, such as a Social Security card, birth certificate, or rental history.
- Paying for moving costs like movers, supplies, or personal items you need for your new home.
- Talking with ALF staff and coordinating your move.
- Setting up contacts and procedures to help you keep your housing once you are there.

2. **Ongoing Assisted Living Services**

After you move into an ALF, you may keep getting ongoing services as long as you can stay there. These services may include:

- Help with daily activities (like bathing, eating, or managing money).
- Preparing meals.
- Transportation.
- Managing and taking your medications.
- Companion services.
- Social and recreational activities.
- 24-hour staff at the ALF to keep you safe, secure, and supported while promoting your dignity and independence.
- Care coordination to help you check eligibility and enroll in Enhanced Care Management (ECM) or other Community Supports.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.



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Community or Home Transition Services

Community or Home Transition Services help you move from a nursing facility into your own home or a public housing option. The goal is to help you live in the community and avoid returning to a nursing facility.

These services also cover basic set-up costs you may need to start a safe and stable household.

This service has two parts:

1. Transition Services

These are short-term supports and expenses that help you move out of a licensed facility into a private home or public subsidized housing. What you get depends on your situation. Services may include:

- Reviewing your housing needs and showing you options.
- Helping with housing searches, applications, and important documents (like your Social Security card, birth certificate, or rental history).
- Talking with a landlord and coordinating your move.
- Helping you set up contacts and steps to keep your housing.
- Arranging or paying for non-emergency, non-medical transportation to view housing or move in.
- Coordinating or funding home modifications needed for accessibility (like ramps or other safety changes).

2. Set-Up Expenses

These are one-time costs that help you establish a basic household (not room and board). They may include:

- Security deposits to lease a home or apartment, in line with California law (AB-12, 25 enacted in 2024).
- Utility set-up fees and up to six months of overdue utility bills if needed to secure the home.
- Health and safety services, such as pest control, one-time cleaning, or repairs needed to meet housing quality standards (when these costs are not the landlord's responsibility).



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- An air conditioner or heater.
- Adaptive aids to keep you safe and healthy in the home, such as a hospital bed, Hoyer lift, shower chair, bedside commode, or non-skid strips. These are provided if you need them to move in safely and they are not already covered under Medi-Cal.

We must offer both transition services and set-up expenses if they apply to your situation.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Personal Care and Homemaker Services (PCHS)

Personal Care Services and Homemaker Services (PCHS) give you help with your daily needs so you can stay in your home.

These services may include:

- Help with Activities of Daily Living (ADLs) like bathing, dressing, using the bathroom, walking, or eating.
- Help with Instrumental Activities of Daily Living (IADLs) like preparing meals, grocery shopping, or managing money.
- Other supports like house cleaning, laundry, grooming, paramedical services, going with you to medical appointments, or providing supervision if you have a mental health condition that affects your safety.

PCHS are similar to services offered by the In-Home Supportive Services (IHSS) program. They are meant for people who would not be able to remain safely in their homes without this help.

You may be able to get PCHS in these situations:

- While waiting for IHSS – You can get PCHS while your IHSS application is being reviewed and until your IHSS services start.
- Along with IHSS – You can get PCHS in addition to your IHSS hours if you need more support, including when your IHSS benefits run out.
- If you are not eligible for IHSS – You can get PCHS for a short time (up to 60 days) to help prevent a stay in a skilled nursing facility. In this case, you do not



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have to apply for IHSS, but your request must show that without PCHS you may need a short-term stay in a nursing facility.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Environmental Accessibility Adaptations (Home Modifications)

These services make changes to your home so it is safer and easier for you to live in. They help you stay independent and avoid moving into a facility.

Examples include:

- Ramps or grab bars to help you get around your home.
- Widening doorways for wheelchair use.
- Stair lifts.
- Making bathrooms wheelchair accessible, like adding a roll-in shower.
- Special electrical or plumbing systems to support your medical equipment.
- Personal Emergency Response System (PERS), including monthly service costs if needed, for times when you are home alone and need quick access to help.

Where services can take place:

- In any home you own, rent, lease, or live in.
- If you do not own the home, you must provide written permission from the owner for any physical changes or equipment that is installed (for example, grab bars or chair lifts).

What is needed for approval:

To authorize EAAs, we must have:

1. An order from your primary care doctor or another health professional describing the equipment or service you need, and documentation from the equipment provider showing how it will help meet your medical needs. Brochures are okay, but there must also be a short written evaluation that explains why the equipment is right for you.
2. A physical or occupational therapy evaluation (unless we approve without it). This should come from someone not connected to the equipment provider. The evaluation should include:



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- An explanation of your needs and why your current equipment does not work.
 - How the new equipment will help you, reduce the risk of needing facility care, and whether you or your caregiver can use it safely.
 - A description of any similar equipment you have tried that did not work, and why.
3. At least two bids from providers showing the services, costs, labor, and warranties.
 4. A home visit to confirm the requested changes or equipment are appropriate.

Timeframe:

We will complete the assessment and authorization process within 90 days of your request. More time may be needed if:

- We are waiting for homeowner consent, or
- You request a longer timeframe.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Medically Tailored Meals (MTM) / Medically Supportive Food (MSF)

MTM and MSF services give you food designed to support your health if you have chronic or serious conditions that are affected by nutrition. These services can help improve your health and reduce the need for hospital or facility care.

Medically Tailored Meals and Groceries

- Medically Tailored Meals (MTMs): Meals that follow nutrition guidelines for specific health conditions, like diabetes or heart disease.
- Medically Tailored Groceries (MTGs): Preselected whole foods that follow the same nutrition guidelines.

Before you receive MTMs or MTGs, a Registered Dietitian Nutritionist (RDN) or other qualified clinician will assess your health needs and create a nutrition plan. Plans may include meal or grocery options like:

- A meal plan for uncontrolled diabetes.
- A grocery plan for congestive heart failure.



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MTMs and MTGs must:

- Meet at least two-thirds of the daily nutrition and energy needs of an average person.
- Be provided in amounts large enough to make up most of your diet while you are receiving the service.
- Avoid ultra-processed foods and foods with too much sugar or salt.

Medically Supportive Food (MSF)

MSF provides food packages to support your health. These packages add to your diet, but do not replace most of your meals.

An RDN or other clinician designs or reviews the food package to make sure it follows national nutrition guidelines. Examples include:

1. Medically Supportive Groceries: Preselected foods that meet the federal Dietary Guidelines for Americans and your health needs.
2. Produce Prescriptions: Fruits and vegetables you can buy at grocery stores or farmers' markets using a voucher or card.
3. Healthy Food Vouchers: Vouchers for preselected foods that follow national nutrition guidelines, also used in grocery stores or farmers' markets.
4. Food Pharmacy: Combines healthy food with nutrition education, peer support, and sometimes cooking classes. These programs may be run by health care organizations and are designed to help you learn how to eat in a way that supports your health conditions.

MSF packages should support daily fruit, vegetable, or nutrient needs. They must also avoid ultra-processed foods and foods with too much sugar or salt.

Nutrition Education

Along with MTM or MSF services, you may also get nutrition education. This can include health coaching, counseling, classes, or tools to support healthy eating. Education may be offered in individual or group settings.

Nutrition education must:

- Follow national, evidence-based guidelines.
- Be reviewed by an RDN or another qualified clinician.



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- Be appropriate to your health conditions and the MTM/MSF service you are getting.

Nutrition education alone does not count as this service. However, we may refer you to other Medi-Cal programs, such as Medical Nutrition Therapy or Diabetes Self-Management Education, if you qualify.

Cultural and personal needs: We consider your food preferences (such as halal or kosher) and your ability to prepare or store food (for example, frozen meals) when planning MTM or MSF services for you.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Sobering Centers

Sobering Centers are safe places for you to go if you are publicly intoxicated from alcohol or drugs and would otherwise be taken to the emergency room or jail. These centers give you a supportive environment to recover safely, especially if you are experiencing homelessness or do not have stable housing.

Services may include:

- Medical triage and lab testing.
- A temporary bed, rehydration, and food.
- Treatment for nausea or minor wounds.
- Shower and laundry facilities.
- Substance use education and counseling.
- Navigation and warm hand-offs to substance use treatment, health care, or housing support.

How the service works:

- We work directly with the county behavioral health agency, and warm hand-offs to behavioral health services are encouraged.
- You may be screened and connected to ongoing support such as mental health treatment, substance use disorder treatment, or housing options.



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- Sobering Centers partner with law enforcement, emergency personnel, and outreach teams to identify people who need these services.
- If you have a medical emergency while in a Sobering Center, staff will arrange for you to be transported to a hospital or other appropriate care.
- Services follow best practices for people who are experiencing homelessness and may have complex health or behavioral health conditions. This includes Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care.

Asthma Remediation

Asthma Remediation helps reduce asthma attacks that could lead to emergency room visits or hospital stays. This service provides supplies and small home changes that help you stay safe and manage your asthma.

Asthma Remediation works with the Medi-Cal Asthma Preventive Services (APS) benefit. APS covers asthma self-management education and in-home assessments for environmental triggers. These are no longer part of Asthma Remediation as of January 1, 2026.

Supplies and home modifications that may be covered under Asthma Remediation include:

- Allergen-proof mattress and pillow covers
- HEPA-filter vacuums
- Pest control services (Integrated Pest Management)
- Dehumidifiers
- Air filters or air cleaners
- Mold removal and prevention
- Ventilation improvements
- Asthma-friendly cleaning products
- Other medically appropriate tools or changes recommended by your doctor



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Asthma Remediation services can be provided in a home you own, rent, lease, or live in with your caregiver. Services do not need to happen all at once and may be spread out over time, subject to lifetime limits.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Housing Transition Navigation Services (HTNS)

Housing Transition Navigation Services help you find, apply for, and obtain housing. The services you receive are based on your individual needs and will be included in your housing support plan. You may only need some of the activities listed below.

HTNS activities may include:

- Completing a housing assessment to identify your needs, preferences, strengths, and barriers to both finding and keeping housing.
- Developing a housing support plan based on your assessment.
- Helping you search for housing, review options, and complete applications.
- Assisting with important documents such as a Social Security card, birth certificate, or rental history.
- Supporting benefits advocacy, including identification and documentation for Supplemental Security Income (SSI) and the SSI application process.
- Connecting you to financial resources such as Transitional Rent, HUD Housing Choice Vouchers, Housing Deposits, or other state and local programs to cover deposits, moving costs, adaptive aids, or home modifications.
- Providing education on Fair Housing and anti-discrimination laws, including help with reasonable accommodation requests.
- Engaging and educating landlords and communicating with them on your behalf.
- Making sure your home is safe and ready for move-in.
- Assisting with the details of your move.
- Creating a crisis plan with prevention and early intervention steps if your housing is at risk.



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- Coordinating or paying for non-emergency, non-medical transportation to help you view housing or move in.
- Coordinating or paying for environmental modifications to make your home accessible (see Environmental Accessibility Adaptations).

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Housing Deposits

Housing Deposits help you cover one-time costs and services needed to set up a safe, basic household. The supports you receive depend on your needs and will be listed in your housing support plan.

Housing Deposits may include:

- Security deposits to lease an apartment or home.
- Utility set-up fees or deposits, payment of overdue bills, and first month's utility costs (such as telephone, gas, electricity, heating, or water).
- Health and safety services like pest control, one-time cleaning, or minor repairs needed to meet housing quality standards, when these are not the landlord's responsibility.
- Lease application fees.
- Medically necessary items such as an air conditioner, heater, hospital bed, Hoyer lift, air filter, or other adaptive aids and supplies that make your home safe and accessible, when these are not otherwise covered by Medi-Cal.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Housing Tenancy and Sustaining Services (HTSS)

Housing Tenancy and Sustaining Services help you keep your housing safe and stable once you have secured it. The supports you receive are based on your needs and will be included in your housing support plan. You may only need some of the activities listed below.

HTSS activities may include:

- Identifying and addressing behaviors that may put your housing at risk, such as late rent, hoarding, substance use, or other lease violations.



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- Education on your rights and responsibilities as a tenant and your landlord's responsibilities.
- Education on Fair Housing and anti-discrimination laws, including help with reasonable accommodation requests.
- Coaching to build positive relationships with landlords, property managers, and neighbors.
- Coordinating with your landlord and your case manager (including ECM or other housing programs) to address issues that may affect your housing.
- Helping resolve disputes with landlords or neighbors, including creating repayment plans or finding resources if you owe back rent or money for damages.
- Advocacy and connection to community resources to prevent eviction.
- Support with benefits advocacy, such as obtaining identification or documents for Supplemental Security Income (SSI) and assistance with the application process.
- Help with the annual housing recertification process.
- Reviewing and updating your housing support and crisis plan to reflect your current needs.
- Ongoing support with lease compliance and household management.
- Health and safety visits to make sure your unit remains safe and livable.
- Activating prevention and early intervention services in your crisis plan if your housing is at risk (such as help with new reasonable accommodation requests).
- Training in independent living skills, including budgeting, financial literacy, and connection to community resources.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Day Habilitation Programs

Day Habilitation Programs help you build and improve skills so you can live successfully in your home and community. These services may be provided in your home, in the community, or in another non-facility setting. When provided by trained and supervised caregivers, the service may also include peer mentoring.



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If you are experiencing homelessness and receiving ECM or other Community Supports, Day Habilitation may also give you a physical location for services. Whenever possible, your ECM and Community Supports should be provided by the same team to reduce transitions and improve coordination.

Day Habilitation services may include training in:

- Using public transportation
- Conflict resolution and personal skills development
- Community participation
- Developing and maintaining relationships
- Daily living skills like cooking, cleaning, shopping, and money management
- Understanding community resources such as police, fire, or other local services

Day Habilitation may also include help with:

- Selecting and moving into a home
- Finding housemates and household furnishings
- Settling disputes with landlords
- Managing finances
- Hiring, training, or supervising personal attendants
- Responding to government agencies and personnel
- Practicing self-advocacy and knowing your rights
- Building a circle of support and maintaining relationships
- Connecting to other Community Supports or ECM
- Referrals to housing resources if you do not qualify for HTNS, Housing Deposits, HTSS, or Transitional Rent
- Assistance with income and benefits advocacy (such as General Assistance or SSI) if not already provided through Community Supports or ECM
- Linkage to health care, mental health, and substance use disorder services if not already provided through Community Supports or ECM



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Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Recuperative Care (Medical Respite)

Recuperative Care, also called medical respite care, is for people who are experiencing or at risk of homelessness and need a short-term place to recover from an illness or injury, including behavioral health conditions. This service gives you a safe setting to recover while also connecting you to primary care, behavioral health care, case management, and other supports such as food, transportation, and housing.

Recuperative Care is for people with medical needs serious enough that they could lead to emergency room visits, hospital stays, or other institutional care.

At a minimum, Recuperative Care includes:

- A bed, meals, and interim housing
- Ongoing monitoring of your medical or behavioral health condition (such as checking vital signs, doing assessments, wound care, or medication monitoring)

Depending on your needs, it may also include:

- Short-term help with daily living activities (ADLs and IADLs), as allowed by licensure
- Transportation to post-discharge appointments
- Connections to mental health and substance use disorder services
- Help applying for benefits and housing
- Building stability with case management programs and services.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Short-Term Post-Hospitalization Housing

Short-Term Post-Hospitalization Housing gives you a safe place to recover right after leaving a facility if you are experiencing or at risk of homelessness. This service helps you continue your medical, psychiatric, or substance use disorder recovery outside of an institution.

You may be eligible if a qualified health professional determines you still have physical



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or behavioral health needs that would otherwise require you to remain in institutional care.

Facilities you may be exiting include:

- Recuperative care centers (Community Support or other)
- Inpatient hospitals (acute, psychiatric, or chemical dependency/recovery)
- Residential substance use disorder or mental health treatment facilities
- Correctional facilities
- Nursing facilities

Short-Term Post-Hospitalization Housing must provide the supports you need for recovery, which may include:

- Help regaining the ability to perform daily living activities
- Ongoing medical, psychiatric, or substance use disorder care
- Case management support
- Connections to longer-term housing services such as Housing Transition Navigation Services (HTNS)

These services are provided in private or shared interim housing, depending on availability, until you are ready for a more stable housing setting.

Talk to your case manager, PCP, or provider for a referral. Or call CCHP Member Services at 1-877-661-6230 (TTY 711), 8 am to 5 pm, Monday through Friday.

Organ and bone marrow transplant

Transplants for children under age 21

State law requires children who need transplants to be referred to the California Children's Services (CCS) program to decide if the child qualifies for CCS. If the child qualifies for CCS, CCS will cover the costs for the transplant and related services.

If the child does not qualify for CCS, CCHP will refer the child to a qualified transplant center for an evaluation. If the transplant center confirms that a transplant is safe and needed for the child's medical condition, CCHP will cover the transplant and other related services.



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Transplants for adults age 21 and older

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

The organ and bone marrow transplants CCHP covers include, but are not limited to:

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

Other Medi-Cal programs and services

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

CCHP does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. CCHP will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not CCHP. This section lists some of these services. To learn more, call 1-877-661-6230 (TTY 711).

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, which is part of FFS Medi-Cal. CCHP might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office or infusion center, these may be considered physician-administered drugs.

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

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



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and decide these requests within 24 hours.

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

To find out if a drug is on the Contract Drugs List or to get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at:

<https://medi-calrx.dhcs.ca.gov/home/>

You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and pressing 7 or 711.

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

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

Specialty mental health services (SMHS)

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

Outpatient services:



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- Mental health services
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management
- Therapeutic behavioral services covered for members under 21 years old
- Intensive care coordination (ICC) covered for members under 21 years old
- Intensive home-based services (IHBS) covered for members under 21 years old
- Therapeutic foster care (TFC) covered for members under 21 years old
- Mobile crisis services
- Peer Support Services (PSS) (optional)

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Psychiatric inpatient hospital services
- Psychiatric health facility services

To learn more about SMHS the county mental health plan provides, you can call your county mental health plan.

To find all counties' toll-free telephone numbers online, go to dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. If CCHP finds you will need services from the county mental health plan, CCHP will help you connect with the county mental health plan services.

Substance use disorder (SUD) treatment services

CCHP encourages members who want help with alcohol use or other substance use to get care. Services for substance use are available from providers such as primary care, inpatient hospitals, emergency rooms, and substance use service providers. SUD services are provided through counties. Depending on where you live, some counties offer more treatment options and recovery services.

To learn more about treatment options for SUD, call the County's 24/7 toll-free Behavioral Health Access Line at 1-800-846-1652 (TTY 711).

CCHP members can have an assessment to match them to the services that best fit their health needs and preferences. A member may request behavioral health services, including SUD assessments, by contacting CCHP. Members may also visit their PCP who can refer them to an SUD provider for assessment. When medically necessary,



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available services include outpatient treatment, and medicines for SUD (also called Medications for Addiction Treatment or MAT) such as buprenorphine, methadone, and naltrexone.

Members who are identified for SUD treatment services are referred to their county substance use disorder program for treatment. Members may be referred by their PCP or self-refer by contacting an SUD provider directly. If a member self-refers, the provider will conduct an initial screening and assessment to decide if they qualify and the level of care they need. For a list of all counties' telephone numbers go to

https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

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

Outpatient substance use disorder services include:

- **Screening and brief intervention:** A short visit with your CCHP primary care provider (PCP) to talk about substance use. This preventive care is offered once a year for both youth and adults.
- **Outpatient services:** Services provided in the community for up to 9 hours per week. These include group and individual counseling, education about substance use, help in a crisis, and case management for both youth and adults.
- **Intensive outpatient services:** More hours of care in the community—up to 19 hours per week, or up to 30 hours per week for pregnant patients. Services include group and individual counseling, education, crisis support, and case management for youth and adults.
- **Medication Assisted Treatment (MAT):** Some people may need medication to help them recover from substance use. MAT includes prescribing, giving, and checking medications, as well as counseling and case management. This service is for adults with opioid use disorders.
- **Withdrawal Management (detox):** Non-medical detox services are available for up to 5 days and provide 24-hour support for adults going through withdrawal. This service is for adults only.
- **Residential treatment (with pre-approval):** Short-term live-in care that provides counseling, education, and case management in a 24/7 setting. This service is available for both youth and adults, but must be approved in advance.



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- **Recovery Support Services:** Services that help you stay on track after treatment. These include relapse prevention, recovery coaching, support groups, and help building self-care and coping skills. This service is for adults who have completed treatment.

Dental services

FFS Medi-Cal Dental is the same as FFS Medi-Cal for your dental services. Before you get dental services, you must show your Medi-Cal BIC card to the dental provider. Make sure the provider takes FFS Dental and you are not part of a managed care plan that covers dental services.

Medi-Cal covers a broad range of dental services through Medi-Cal Dental, including:

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

If you have questions or want to learn more about dental services, call Medi-Cal Dental at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You can also go to the Medi-Cal Dental website at <https://www.dental.dhcs.ca.gov>.

California Children's Services (CCS)

CCS is a Medi-Cal 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 CCHP or your PCP believes your child has a CCS eligible condition, they will be referred to the county CCS program to check if they qualify.

County CCS staff will decide if you or your child qualifies for CCS services. CCHP does not decide CCS eligibility. If your child qualifies to get this type of care, CCS paneled providers will treat them for the CCS eligible condition. CCHP 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 check-ups.

CCHP does not cover services that the CCS program covers. For CCS to cover these services, CCS must approve the provider, services, and equipment.



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CCS covers most health conditions. Examples of CCS eligible conditions include, but are not limited to:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- HIV/AIDS
- Severe head, brain, or spinal cord injuries
- Severe burns
- Severely crooked teeth

Medi-Cal pays for CCS services. If your child does not qualify for CCS program services, they will keep getting medically necessary care from CCHP.

To learn more about CCS, go to <https://www.dhcs.ca.gov/services/ccs>. Or call 1-877-661-6230 (TTY 711).

Transportation and travel expenses for CCS

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

If your transportation or travel expenses that you paid for yourself are found necessary and CCHP verifies that you tried to get transportation through CCHP, CCHP will pay you back.

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

If you qualify to enroll in a 1915(c) waiver (special government program), you may be able to get home and community-based services that are not related to a CCS-eligible condition but are necessary for you to stay in a community setting instead of an institution. For example, if you require home modifications to meet your needs in a



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community-based setting, CCHP cannot pay those costs as a CCS-related condition. But if you are enrolled in a 1915(c) waiver, home modifications may be covered if they are medically necessary to prevent institutionalization.

When you turn 21 years old, you transition (change) from the CCS program to adult health care. At that time, you may need to enroll in a 1915(c) waiver to keep getting services you have through CCS, such as private duty nursing.

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

California's six Medi-Cal 1915(c) waivers (special government programs) allow the state to provide long-term services and supports (LTSS) to persons in a community-based setting of their choice, instead of getting care in a nursing facility or hospital. Medi-Cal has an agreement with the Federal Government that allows waiver services to be offered in a private home or in a homelike community setting. The services provided under the waivers must not cost more than getting the same care in an institutional setting. HCBS Waiver recipients must qualify for full-scope Medi-Cal. Some 1915(c) waivers have limited availability across the State of California and/or may have a waitlist. The six Medi-Cal 1915(c) waivers are:

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

To learn more about Medi-Cal waivers, go to:

<https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx>. Or call 1-877-661-6230 (TTY 711).

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides in-home personal care assistance as an alternative to out-of-home care to qualified Medi-Cal-eligible persons, including those who are aged, blind, and/or disabled. IHSS allows recipients to stay safely in their own homes. Your health care provider must agree that you need in-home personal care assistance and that you would be at risk of placement in out-of-home



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care if you did not get IHSS services. The IHSS program will also perform a needs assessment.

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

Services you cannot get through CCHP or Medi-Cal

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

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

To learn more call 1-877-661-6230 (TTY 711).

Evaluation of new and existing technologies

CCHP regularly reviews new and existing medical technologies to ensure that the services we cover reflect current standards of care. This may include treatments, procedures, medications, devices, and updated uses of existing services.

Reviews are based on clinical evidence, input from medical experts, and other considerations such as safety, effectiveness, cost, and ethical or legal factors. New technologies are carefully evaluated to determine whether they should be added as covered benefits.

This process helps ensure that the care and services offered to members are appropriate, up to date, and aligned with best practices in health care.



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5. Child and youth well care

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

Medi-Cal for Kids and Teens

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

- Well-child visits and teen check-ups (important visits children need)
- Immunizations (shots)
- Behavioral health (mental health and/or substance use disorder) assessment and treatment
- Mental health evaluation and treatment, including individual, group, and family psychotherapy (specialty mental health services (SMHS) are covered by the county)
- Adverse childhood experiences (ACE) screening
- Enhanced Care Management (ECM) for Children and Youth Populations of Focus (POFs) (a Medi-Cal managed care plan (MCP) benefit)
- Lab tests, including blood lead poisoning screening
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by California Children's Services (CCS) for children who qualify. CCHP will cover services for children who do not qualify for CCS)
- Home Health Services, such as private duty nursing (PDN), occupational therapy, physical therapy, and medical equipment and supplies

These services are called Medi-Cal for Kids and Teens (also known as Early and



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Periodic Screening, Diagnostic and Treatment (EPSDT)) services. Additional information for members regarding Medi-Cal for Kids and Teens can be found at <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Member-Information.aspx>. Medi-Cal for Kids and Teens services that are recommended by pediatricians' Bright Futures guidelines to help you, or your child, stay healthy are covered for free. To read the Bright Futures guidelines, go to https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

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

- Children and youth experiencing homelessness
- Children and youth at risk for avoidable hospital or emergency room utilization
- Children and youth with serious mental health and/or substance use disorder (SUD) needs
- Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with additional needs beyond the CCS condition
- Children and youth involved in child welfare
- Children and youth transitioning from a youth correctional facility

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

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

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

More information on Community Supports can be found at <https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports->



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[Supplemental-Fact-Sheet.pdf](#)

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

Well-child health check-ups and preventive care

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

Preventive care also includes immunizations (shots) you or your child need. CCHP must make sure all enrolled children are up to date with all the immunizations (shots) they need when they have their visits with their doctor. Preventive care services and screenings are available for free and without pre-approval (prior authorization).

Your child should get check-ups at these ages:

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

Well-child health check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate immunizations (shots) (California follows the American Academy of Pediatrics Bright Futures schedule:
https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- Lab tests, including blood lead poisoning screening, if age-appropriate or needed
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment

If the doctor finds a problem with your or your child's physical or mental health during a check-up or screening, you or your child might need to get further medical care. CCHP will cover that care for free, including:

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

Blood lead poisoning screening

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

Help getting child and youth well care services

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

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed



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- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services not covered by CCHP, but that may be available through Fee-for-Service (FFS) Medi-Cal, such as:
 - Treatment and rehabilitative services for mental health and substance use disorders (SUD)
 - Treatment for dental issues, including orthodontics

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

Dental check-ups

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

These Medi-Cal dental services are free services for:

Babies age 0-3

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every six months, and sometimes more)
- X-rays
- Teeth cleaning (every six months, and sometimes more)
- Fluoride varnish (every six months, and sometimes more)
- Fillings
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Kids age 4-12

- Dental exams (every six months, and sometimes more)
- X-rays
- Fluoride varnish (every six months, and sometimes more)
- Teeth cleaning (every six months, and sometimes more)
- Molar sealants
- Fillings
- Root canals
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Youths age 13-20



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- Dental exams (every six months, and sometimes more)
- X-rays
- Fluoride varnish (every six months, and sometimes more)
- Teeth cleaning (every six months, and sometimes more)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Partial and full dentures
- Scaling and root planing
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

* Providers should consider sedation and general anesthesia when they determine and document a reason local anesthesia is not medically appropriate, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

These are some of the reasons local anesthesia cannot be used and sedation or general anesthesia might be used instead:

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

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Customer Service Line at 1-800-322-6384 (TTY 1-800-735-2922 or 711), or go to <https://smilecalifornia.org/>.

Additional preventive education referral services

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

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

The California Department of Education provides and pays for these services. Together



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with your child's doctors and teachers, you may be able to make a custom plan that will best help your child.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

6. Reporting and solving problems

There are two ways to report and solve problems:

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

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

You may contact CCHP first to let us know about your problem. Call us between 8 am and 5 pm, Monday through Friday at 1-877-661-6230 (TTY 711). Tell us about your problem. If you have a clinically urgent health issue—something that can't wait for a regular appointment—you can call our 24-Hour Advice Nurse Line at 1-877-661-6230 and select Option 1 (TTY 711). This service is available 24 hours a day, 7 days a week—even on weekends and holidays.

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC). Ask DMHC to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with CCHP. You can call DMHC for free at 1-888-466-2219 (TTY 1-877-688-9891 or 711), or go to: <https://www.dmhc.ca.gov>.

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

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 1-877-661-6230 (TTY 711).

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

Complaints

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

- **By phone:** Call CCHP at 1-877-661-6230 (TTY 711) between 8 am and 5 pm, Monday through Friday. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call CCHP at 1-877-661-6230 (TTY 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

Contra Costa Health Plan
Member Appeals / Grievance Unit
595 Center Ave, Suite 100
Martinez, CA 94553

Your doctor's office will have complaint forms.

- **Online:** Go to the CCHP website at www.ContraCostaHealthPlan.org.

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-877-661-6230 (TTY 711).

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at 1-877-661-6230 (TTY 711).

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

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the CCHP grievance process or eligible for Independent Medical Review with the Department of Managed Health Care (DMHC). Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273) and pressing 7 or 711. Or go to <https://medi-calrx.dhcs.ca.gov/home/>.

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

Appeals

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

You must ask for an appeal within 60 days from the date on the NOA you got from CCHP. If we decided to reduce, suspend, or stop a service you are getting now, you can continue getting that service while you wait for your appeal to be decided. This is called Aid Paid Pending. To get Aid Paid Pending, you must ask us for an appeal within



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

10 days from the date on the NOA or before the date we said your service will stop, whichever is later. When you request an appeal under these circumstances, your service will continue while you wait for your appeal decision.

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

- **By phone:** Call CCHP at 1-877-661-6230 (TTY 711) between 8 am and 5 pm, Monday through Friday. Give your name, health plan ID number, and the service you are appealing.
- **By mail:** Call CCHP at 1-877-661-6230 (TTY 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the service you are appealing.

Mail the form to:

Contra Costa Health Plan
Member Appeals / Grievance Unit
595 Center Ave, Suite 100
Martinez, CA 94553

Your doctor's office will have appeal forms available.

- **Online:** Visit the CCHP website. Go to www.ContraCostaHealthPlan.org.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you free language services. Call 1-877-661-6230 (TTY 711).

Within five days of getting your appeal, CCHP will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with the Department of Managed Health Care (DMHC).

But if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if your issues do not qualify for an IMR, even if the State Hearing has already happened.

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-877-661-6230 (TTY 711). We will decide within 72 hours of receiving your appeal. If there is an urgent



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

health care concern, such as those involving a serious threat to your health, you do not need to file an appeal with CCHP before filing a complaint with DMHC.

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

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

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

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

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

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

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

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by CCHP. To submit complaints and appeals about Medi-Cal Rx pharmacy benefits, call 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review (IMR) with DMHC.

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

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

An IMR is when an outside doctor who is not related to CCHP reviews your case. If you want an IMR, you must first file an appeal with CCHP for non-urgent concerns. If you do not hear from CCHP within 30 calendar days, or if you are unhappy with CCHP's decision, then you may request an IMR. You must ask for an IMR within six months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing. So, if you want an IMR and a State hearing, file your complaint as soon as you can.

Remember, if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

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

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

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-877-661-6230 (TTY 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's internet website www.dmh.ca.gov has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with CCHP and a judge from the California Department of Social Services (CDSS). The judge will help to resolve your problem and decide whether CCHP made the correct decision or not. You have the right to ask for a State Hearing if you already asked for an appeal with CCHP and you are still not happy with our decision, or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on our NAR letter. If we gave you Aid Paid Pending during your appeal and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within 10 days of our NAR letter or before the date we said your services will stop, whichever is later.

If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact CCHP between 8 am and 5 pm, Monday through Friday by calling 1-877-661-6230, Option 2. If you cannot hear or speak well, call 711. Your authorized representative or provider can ask for a State Hearing for you with your written permission.

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

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

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

You can ask for a State Hearing in these ways:

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

(TTY 1-800-952-8349 or 711)

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

California Department of Social Services
State Hearings Division
744 P Street, MS 9-17-433
Sacramento, CA 95814
- **Online:** Request a hearing online at www.cdss.ca.gov
- **By email:** Fill out the form that came with your appeals resolution notice and email it to Scopeofbenefits@dss.ca.gov
 - Note: If you send it by email, there is a risk that someone other than the State Hearings Division could intercept your email. Consider using a more secure method to send your request.
- **By Fax:** Fill out the form that came with your appeals resolution notice and fax it to the State Hearings Division toll free at 1-833-281-0903

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-877-661-6230 (TTY 711).

At the hearing, you will tell the judge why you disagree with CCHP's decision. CCHP will tell the judge how we made our decision. It could take up to 90 days for the judge to decide your case. CCHP must follow what the judge decides.

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

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse, it is your responsibility to report it by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at <https://www.dhcs.ca.gov/>.

Provider fraud, waste, and abuse includes:

- Falsifying medical records



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

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

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

- Lending, selling, or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number
- Taking medical and non-medical transportation rides for non-healthcare related services, for services not covered by Medi-Cal, or when there is no medical appointment or prescriptions to pick up

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

Send your report to:

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

Or call the Contra Costa Health Services 24-Hour
Compliance/Fraud Hotline at 1-800-304-9490



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

7. Rights and responsibilities

As a member of CCHP, 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 CCHP.

Your rights

These are your rights as a member of CCHP:

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

an appeal with CCHP and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible

16. To disenroll (drop) from CCHP and change to another health plan in the county upon request
17. To access minor consent services
18. To get free written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested
19. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
20. To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
21. To have access to and get a copy of your medical records, and request that they be amended or corrected
22. Freedom to exercise these rights without adversely affecting how you are treated by CCHP, your providers, or the State
23. To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Care Providers, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency care outside CCHP's network pursuant to federal law
24. To get help from CCHP if you need assistance understanding your benefits or how to use your health plan
25. To ask for a second opinion from a different provider in CCHP's network, free of charge
26. To have someone you trust—like a family member or caregiver—help you understand or make decisions about your care, if needed
27. To get care without discrimination based on your race, color, national origin, religion, sex, gender identity, sexual orientation, age, disability, or health condition
28. To ask for information about how CCHP is run or whether doctors are paid in ways that could affect your care

Your responsibilities

CCHP members have these responsibilities:

- Give complete and correct information about their health, including medicines and past or current illnesses.



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- Share the information their doctors or CCHP need to give them the right care.
- Ask questions until they understand their health condition and care plan.
- Tell CCHP if their name, address, or family coverage changes.
- Let CCHP know if they are charged or billed in a way that doesn't seem right.
- Take part in decisions about their care and agree on treatment goals when possible.
- Follow the treatment plan they agree on with their doctor.
- Help care for their own health and their family's health by following provider instructions, taking medicine as prescribed, and using preventive care.
- Go to appointments on time or call ahead if they will be late or need to cancel.
- Call ahead when they need to refill a prescription.
- Treat doctors, clinic staff, and CCHP staff with respect and dignity.
- Do not give false or misleading information or send in fake claims.
- Pay any premiums, copayments, or charges for services not covered by their health plan (if any).

Notice of non-discrimination

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

CCHP provides:

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



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

- Information written in other languages

If you need these services, contact CCHP between 8 am and 5pm, Monday through Friday by calling 1-877-661-6230 and select Option 2 (TTY 711). Or, if you cannot hear or speak well, call 711 to use the California Relay Service.

How to file a grievance

If you believe that CCHP has failed to provide these services or unlawfully discriminated in another way based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with CCHP's Civil Rights Coordinator. You can file a grievance by phone, by mail, in person, or online:

- **By phone:** Contact CCHP's Civil Rights Coordinator between 8 am and 5 pm, Monday through Friday by calling 1-877-661-6230, Option 2. Or, if you cannot hear or speak well, call 711 to use the California Relay Service.
- **By mail:** Fill out a complaint form or write a letter and mail it to:
CCHP's Civil Rights Coordinator
Member Grievance Unit
595 Center Avenue, Suite 100
Martinez, CA 94553
Or fax it to: 1-925-313-6047
- **In person:** Visit your doctor's office or CCHP and say you want to file a grievance.
- **Online:** Go to CCHP's website at www.ContraCostaHealthPlan.org.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services (DHCS), Office of Civil Rights by phone, by mail, or online:

- **By phone:** Call 1-916-440-7370. If you cannot speak or hear well, call 711 (Telecommunications Relay Service).
- **By mail:** Fill out a complaint form or mail a letter to:
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413



Call member services at 1-877-661-6230 (TTY 711). Contra Costa Health Plan (CCHP) is here Monday – Friday, 8am – 5pm. The call is free. Or call the California Relay Line at 711. Visit online at www.ContraCostaHealthPlan.org.

Complaint forms are available at:

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

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

Office of Civil Rights – United States Department of Health and Human Services

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

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, call TTY 1-800-537-7697 or 711 to use the California Relay Service.
- **By mail:** Fill out a complaint form or mail a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

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

Ways to get involved as a member

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

Community Advisory Committee (CAC)

CCHP has a group called the Community Advisory Committee (CAC). This group is made up of CCHP Medi-Cal members and Fee-for-Service Medi-Cal beneficiaries in Contra Costa County. You can join this group if you would like. The group talks about how to improve CCHP policies and is responsible for:

- Attending meetings held at least once a quarter
- Participating in focus groups, listening sessions, surveys, and / or interviews



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- Providing feedback to CCHP about how best to meet members' needs

If you would like to be a part of this group, call 1-800-211-8040 (TTY 711) or 1-877-661-6230, Option 6 (TTY 711). You may also email cchp-cac@cchealth.org. Additional information is available on our website at www.ContraCostaHealthPlan.org.

Notice of privacy practices

A statement describing CCHP policies and procedures for preserving the confidentiality of medical records is available and will be given to you upon request.

If you are of the age and capacity to consent to sensitive services, you are not required to get any other member's authorization to get sensitive services or to submit a claim for sensitive services. To learn more about sensitive services, read "Sensitive care" in Chapter 3 of this handbook.

You can ask CCHP to send communications about sensitive services to another mailing address, email address, or telephone number that you choose. This is called a "request for confidential communications." If you consent to care, CCHP will not give information on your sensitive care services to anyone else without your written permission. If you do not give a mailing address, email address, or telephone number, CCHP will send communications in your name to the address or telephone number on file.

CCHP will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for. We will send them to another location of your choice. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

If you would like communications about sensitive services sent to a different mailing address, email address, or phone number, please contact CCHP's Member Services Department at 1-877-661-6230 and press Option 2 (TTY 711). Representatives are available Monday through Friday, 8 am to 5 pm.

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

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



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Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort, other health coverage (OHC), and tort recovery

The Medi-Cal program follows state and federal laws and regulations relating to the legal liability of third parties for health care services to members. CCHP will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. Medi-Cal members with OHC must use their OHC for covered services before using their Medi-Cal benefits. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when it is available at no cost to you.

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

If you do not have access to the internet, you can report OHC to CCHP by calling 1-877-661-6230 (TTY 711). Or you can call DHCS' OHC Processing Center at 1-800-541-5555 (TTY 1-800-430-7077 or 711) or 1-916-636-1980.

The following is a partial list of insurance that is **not** considered to be OHC:

- Personal injury and/or medical payment coverage under automobile insurance. Note: Read about notification requirements for the personal injury and workers' compensation programs below.
- Life insurance
- Workers' compensation
- Homeowner's insurance
- Umbrella insurance
- Accident insurance
- Income replacement insurance (for example, Aflac)



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DHCS has the right and responsibility to be paid back for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay first for your health care or pay back Medi-Cal if Medi-Cal paid for the services.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online to:

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

To learn more, go to the DHCS Third Party Liability and Recovery Division website at <https://dhcs.ca.gov/tplrd> or call 1-916-445-9891.

Notice about estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-for-Service and managed care premiums or capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an inpatient in a nursing facility or was receiving home and community-based services. Repayment cannot exceed the value of a member's probated estate.

To learn more, go to the DHCS Estate Recovery program website at <https://dhcs.ca.gov/er> or call 1-916-650-0590.

Notice of Action

CCHP will send you a Notice of Action (NOA) letter any time CCHP denies, delays, terminates, or modifies a request for health care services. If you disagree with CCHP's decision, you can always file an appeal with CCHP. Go to the "Appeals" section in Chapter 6 of this handbook for important information on filing your appeal. When CCHP sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.



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Contents in notices

If CCHP bases denials, delays, modifications, terminations, suspensions, or reductions to your services in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action CCHP intends to take
- A clear and concise explanation of the reasons for CCHP's decision
- How CCHP decided, including the rules CCHP used
- The medical reasons for the decision. CCHP must clearly state how your condition does not meet the rules or guidelines.

Translations

CCHP is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for CCHP's decision to deny, delay, modify, terminate, suspend, or reduce a request for health care services.

If translation in your preferred language is not available, CCHP is required to offer verbal help in your preferred language so that you can understand the information you get.



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8. Important numbers and words to know

Important phone numbers

- CCHP Member Services at 1-877-661-6320 and select Option 2 (TTY 711)
- Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711
- 24-Hour Advice Nurse Line at 1-877-661-6230 and select Option 1 (TTY 711)
- 24-Hour Mental Health Access Line at 1-888-678-7277

Words to know

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

Acute: A short, sudden medical condition that requires fast medical attention.

American Indian: Individual who meets the definition of “Indian” under federal law at 42 CFR section 438.14, which defines a person as an “Indian” if the person meets any of the following:

- Is a member of a federally recognized Indian tribe
- Lives in an urban center and meets one or more of the following:
 - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member
 - Is an Eskimo or Aleut or other Alaska Native
 - Is considered by the Secretary of the Interior to be an Indian for any purpose
- Is determined to be an Indian under regulations issued by the Secretary of Health and Human Services
- Is considered by the Secretary of the Interior to be an Indian for any purpose



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- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

Appeal: A member's request for CCHP to review and change a decision made about coverage for a requested service.

Behavioral health services: Include specialty mental health services (SMHS), non-specialty mental health services (NSMHS), and substance use disorder (SUD) treatment services to support members' mental and emotional well-being. NSMHS are provided through the health plan for members experiencing mild-to-moderate mental health conditions. SMHS are provided through county Mental Health Plans (MHPs) for members who have severe impairment or a high risk of functional deterioration due to a mental health disorder. Emergency mental health services are covered, including assessments and treatment in emergency settings. Your county also provides services for alcohol or drug use, called SUD services.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A Medi-Cal program that provides services for children up to age 21 with certain health conditions, diseases, or chronic health problems.

Case manager: Registered nurse (RN), licensed vocational nurse (LVN), or social worker who can help a member understand major health problems and arrange care with the member's providers.

Certified nurse midwife (CNM): A person licensed as a registered nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is allowed to attend cases of normal childbirth.

Chiropractor: A provider who treats the spine by means of manual manipulation.

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

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP), or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver



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training and support, nutrition services, transportation, and other services for members who qualify.

Community Supports: Community Supports are services that help improve members' overall health. They provide services for health-related social needs like housing, meals, and personal care. They help members in the community, with a focus on promoting health, stability, and independence.

Complaint: A member's verbal or written expression of dissatisfaction about a service, which can include, but is not limited to:

- The quality of care or services provided;
- Interactions with a provider or employee;
- The member's right to dispute an extension of time proposed by CCHP, a county mental health or substance use disorder program, or a Medi-Cal provider.

A complaint is the same as a grievance.

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

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

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance, or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

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

Covered Services: Medi-Cal services for which CCHP is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form).

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

Disenroll: To stop using a health plan because the member no longer qualifies or changes to a new health plan. The member must sign a form that says they no longer



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want to use the health plan or call Health Care Options and disenroll by phone.

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

Doula services: Doula services include health education, advocacy, and physical, emotional, and nonmedical support. Members can get doula services before, during, and after childbirth or end of a pregnancy, including the postpartum period. Doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner.

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

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

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

- Place the member's health or the health of their unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right
- Result in death

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

Enhanced Care Management (ECM): ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of Members with the most complex medical and social needs.

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

Established patient: A patient who has an existing relationship with a provider and has



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gone to that provider within a specified amount of time established by the health plan.

Experimental treatment: Drugs, equipment, procedures, or services that are in a testing phase with laboratory or animal studies before testing in humans. Experimental services are not undergoing a clinical investigation.

Family planning services: Services to prevent or delay pregnancy. Services are provided to members of childbearing age to enable them to determine the number and spacing of children.

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

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

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

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

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant member's residence and that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about a service, which can include, but is not limited to:

- The quality of care or services provided;
- Interactions with a provider or employee;
- The member's right to dispute an extension of time proposed by CCHP, a county mental health or substance use disorder program, or a Medi-Cal provider.

A complaint is the same as a grievance.

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

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



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Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

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

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

Hospice: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of six months or less.

Hospital: A place where a member gets inpatient and outpatient care from doctors and nurses.

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

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

Indian Health Care Providers (IHCP): A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Health program, Tribal Organization or Urban Indian Organization (UIO) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. section 1603).

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

Intermediate care facility or home: Care provided in a long-term care facility or home that provides 24-hour residential services. Types of intermediate care facilities or homes include intermediate care facility/developmentally disabled (ICF/DD), intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), and intermediate care facility/developmentally disabled-nursing (ICF/DD-N).

Investigational treatment: A treatment drug, biological product, or device that has successfully completed phase one of a clinical investigation approved by the Food and Drug Administration (FDA), but that has not been approved for general use by the FDA and remains under investigation in an FDA-approved clinical investigation.

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

Long-term services and supports (LTSS): Services that help people with long-term



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health problems or disabilities live or work where they choose. This could be at home, at work, in a group home, a nursing home, or another care facility. LTSS includes programs for long-term care and services provided at home or in the community, also called home and community-based services (HCBS). Some LTSS services are provided by health plans, while others are provided separately.

Managed care plan: A Medi-Cal health plan that uses only certain doctors, specialists, clinics, pharmacies, and hospitals for Medi-Cal recipients enrolled in that plan. CCHP is a managed care plan.

Medi-Cal for Kids and Teens: A benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early. They must get treatment to take care of or help the conditions that might be found in the check-ups. This benefit is also known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Medi-Cal Rx: A pharmacy benefit service that is part of FFS Medi-Cal and known as “Medi-Cal Rx” that provides pharmacy benefits and services, including prescription drugs and some medical supplies to all Medi-Cal beneficiaries.

Medical home: A model of care that provides the main functions of primary health care. This includes comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

Medically necessary (or medical necessity): Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by diagnosing or treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders (SUD).

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

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called End-



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Stage Renal Disease (ESRD)).

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

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

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

Network: A group of doctors, clinics, hospitals, and other providers contracted with CCHP to provide care.

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

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

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by a member’s provider and when picking up prescriptions and medical supplies.

Non-participating provider: A provider not in the CCHP network.

Orthotic device: A device used outside the body to support or correct a badly injured or diseased body part, that is medically necessary for the member to recover.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy, Medicare Advantage plans (Part C), Medicare drug plans (Part D), or Medicare supplemental plans (Medigap).

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

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

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

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

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition



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8 | Important numbers and words to know

- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies, and supplements

Palliative care: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of six months or less.

Participating hospital: A licensed hospital that has a contract with CCHP to provide services to members at the time a member gets care. The covered services that some participating hospitals might offer to members are limited by CCHP's utilization review and quality assurance policies or CCHP'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 CCHP to offer covered services to members at the time a member gets care.

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

Plan: Go to "Managed care plan."

Post-stabilization services: Covered services related to an emergency medical condition that are provided after a member is stabilized to keep the member stabilized. Post-stabilization care services are covered and paid for. Out-of-network hospitals might need pre-approval (prior authorization).

Pre-approval (prior authorization): The process by which a member or their provider must request approval from CCHP for certain services to make sure CCHP will cover them. A referral is not an approval. A pre-approval is the same as prior authorization.

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

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

Primary care: Go to "Routine care."

Primary care provider (PCP): The licensed provider a member has for most of their health care. The PCP helps the member get the care they need.

A PCP can be a:



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- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): The process by which a member or their provider must request approval from CCHP for certain services to ensure CCHP will cover them. A referral is not an approval. A prior authorization is the same as pre-approval.

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

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

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

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

Qualified provider: A doctor qualified in the area of practice appropriate to treat a member's condition.

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

Referral: When a member's PCP says the member can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices



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to help members with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

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

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

Sensitive services: Services related to mental, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder (SUD), gender-affirming care, and intimate partner violence.

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

Service area: The geographic area CCHP serves. This includes the county of Contra Costa.

Skilled nursing care: Covered services provided by licensed nurses, technicians, or therapists during a stay in a skilled nursing facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals can give.

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

Specialty mental health services (SMHS): Services for members who have mental health services needs that are higher than a mild to moderate level of impairment.

Subacute care facility (adult or pediatric): A long-term care facility that provides comprehensive care for medically fragile members who need special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

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

Tort recovery: When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable



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value of benefits provided to the member for that injury.

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

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. Members can get urgent care from an out-of-network provider if in-network providers are temporarily not available or accessible.

1915(c) Home and Community-Based Services (HCBS) waiver: This is a special government program for persons who are at risk of being placed in a nursing home or an institution. The program allows DHCS to provide HCBS to these persons so that they can stay in their community-based home. HCBS include case management, personal care, skilled nursing, habilitation, and homemaker or home health aide services. They also include adult day programs and respite care. Medi-Cal members must apply separately and qualify to be enrolled in a waiver. Some waivers have waiting lists.



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Contra Costa Regional Medical Center Medi-Cal Facility Directory

**For Appointments at
Contra Costa Regional Medical
Center Network Health Centers
call:** 1-800-495-8885

or sign up for **MyChart** to make
your own appointments at
mychart.cchealth.org

**To leave a message for your
Provider or your Provider's Care
Coordinator call:**
1-877-905-4545

**California Relay/TTY for the
Hearing Impaired call:**
1-800-735-2929

Antioch Health Center
2335 Country Hills Drive
Antioch, CA 94509
(925) 608-8500

Mon – Thurs: 7:45 am – 8:30 pm*
Fri., 7:45 am – 4:45 pm*

Bay Point Family Health Center
215 Pacifica Avenue
Bay Point, CA 94565

Mon: 7:45 am – 8:30 pm*
Tues – Fri: 7:45 am – 4:45 pm*

Children's Dental:
18 yrs. of age and under
(925) 427-8302

Brentwood Health Center
171 Sand Creek Road, Ste. A
Brentwood, CA 94513

Mon, Tues, Wed: 7:45 am – 8:30 pm*
Thurs, Fri: 7:45 am – 4:45 pm*

Concord Health Center
3052 Willow Pass Road
Concord, CA 94519
(925) 681-4100

Mon – Thurs: 7:45 am – 8:15 pm*
Fri: 7:45 am – 4:45 pm*

Concord Health Center

Bldg. 2
3024 Willow Pass Road
Concord, CA 94519
(925) 681-4100

Mon – Fri: 8:00 am – 5:00 pm*
Wed: 8:00 am – 9:00 pm*

George & Cynthia Miller

Wellness Center
25 Allen Street
Martinez, CA 94553
(925) 313-7900

Mon, Wed, Fri, Sat:
7:45 am – 4:45 pm*
Tues, Thurs: 7:45 am – 6:15 pm*

Martinez Family Practice Center

(Building 1)
2500 Alhambra Avenue
Martinez, CA 94553

Mon – Fri: 7:45 am – 8:45 pm*

Dental Clinic: (925) 370-5300

North Richmond Center for Health

1501 Fred Jackson Way
(formerly Third Street)
Richmond, CA 94801

Mon – Fri: 7:45 am – 4:45 pm*

Pittsburg Health Center

2311 Loveridge Road
Pittsburg, CA 94565

Mon – Thurs: 7:45 am – 8:30 pm*
Fri: 7:45 am – 4:45 pm*
Sat: 7:45– 4:45 pm*
(evening hours by appt)

Dental: (925) 431–2501
Emergency Dental Only:
call between 7:00 am – 7:30 am for
same day appts.
(925) 431-2502

West County Health Center

13601 San Pablo Ave.
San Pablo, CA 94806
(510) 231-9400

Mon –Thurs: 8:00 am – 8:45 pm*;
Fri & Sat: 8 am – 5 pm*;
Sat: 8:00 am – 5:00 pm* (by
appointment only)

Willow Pass Wellness Center

1420 Willow Pass Road
Concord, CA 94520
(925) 646-5480

Mon – Thurs: 1:00 pm – 5:00 pm*
Fri: 8:00 am – 12:00 pm*
Appointments by Referral Only

**Closed daily for lunch from
11:45 am – 12:45 pm*

Other Important Phone Numbers

Community Provider Network (CPN)

To find your CPN Provider office hours, address and phone number please call our Member Services number listed below or visit our website at: www.contracostahealthplan.org

For 24 Hour Urgently needed Services call your Provider's office or the CCHP Advice Nurse: 1-877-661-6230 (press 1) (TTY 711)

CCHP Member Call Center

1-877-661-6230

Press 1: Advice Nurse (24 hour, 7 days a week)

Press 2: Member Services

Press 3: Pharmacy Services

Press 4: Mental Health Referrals & Authorizations

Press 5: Appointments (County Health Centers only)

Press 6: Marketing Department

Press 7: Interpreter Services

Pharmacy

For Prescription Refills, call the phone number on your bottle. Order your refills 7 days in advance. Some medicines may require prior authorization.

To locate the closest Medi-Cal Rx pharmacy, call 800-977-2273 (TTY 800-977-2273 and press 5 or 711), or go to

<https://medi-calrx.dhcs.ca.gov/home>

Mental Health Services

1-888-678-7277

Substance Abuse Services

1-800-846-1652

Women's Health

(925) 608-5360

HEALTH CARE OPTIONS (HCO)

1-800-430-4263

TOLL-FREE LANGUAGE NUMBERS FOR HEALTH CARE OPTIONS

English & languages not listed ... 1-800-430-4263

Arabic / العربية 1-800-576-6881

Armenian / Հայերեն 1-800-840-5032

Cambodian / ខ្មែរ 1-800-430-5005

Cantonese / 廣東話 1-800-430-6006

Farsi / فارسی 1-800-840-5034

Hmong / Hmoob 1-800-430-2022

Korean / 한국어 1-800-576-6883

Laotian / ພາສາລາວ 1-800-430-4091

Mandarin / 普通話 1-800-576-6885

Russian / Русский 1-800-430-7007

Spanish/ Español 1-800-430-3003

Tagalog 1-800-576-6890

Vietnamese / Tiếng Việt 1-800-430-8008

HCO TDD LINE FOR THE HEARING IMPAIRED

1-800-430-7077

Calif. Dept. of Health Care Services Office of Family Planning

1-800-942-1054

Health Insurance Counseling and Advocacy Program (HICAP) for Seniors

1-800-510-2020

Denti-Cal Beneficiary Telephone Service Center

1-800-322-6384

Medi-Cal Ombudsman

1-888-452-8609

Member Call Center

Centro de Llamadas de Miembros

1-877-661-6230

(Hearing / speech impaired call TTY 711)

(Discapacidad auditiva y del habla llame al TTY 711)

Option 1: Advice Nurse (24 hours, 7 days a week)

Opción 1: Enfermero asesor (las 24 horas del día)

Option 2: Member Services

Opción 2: Servicios a Miembros

Option 3: Pharmacy Services

Opción 3: Servicios farmacéuticos

Option 4: Behavioral / Mental Health Services

Opción 4: Servicios de Salud Mental

Option 5: Appointments (County Health Centers only)

Opción 5: Citas (sólo para los Centros de Salud del Condado)

Option 6: Marketing Department

Opción 6: Departamento de Mercadotecnia

Option 7: Interpreter Services

Opción 7: Servicios de Intérprete



CONTRA COSTA
HEALTH

**595 Center Avenue, Suite 100
Martinez, CA 94553**