

Member CalViva Handbook

The logo for CalViva Health, featuring the word "CalViva" in a large, bold, sans-serif font with a small bird icon above the "i". Below "CalViva" is the word "HEALTH" in a smaller, all-caps, sans-serif font. A trademark symbol (SM) is located to the right of "HEALTH".

What you need to know about your benefits

CalViva Health Combined Evidence of
Coverage (EOC) and Disclosure Form

2025

Fresno, Kings, and Madera counties

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages for free. CalViva Health provides written translations from qualified translators. Call 1-888-893-1569 (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, and accessible electronic formats at no cost to you. Call 1-888-893-1569 (TTY 711). The call is free.

Interpreter services

CalViva Health provides oral interpretation services, including sign language, from a qualified interpreter, on a



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are available for free. Help is available 24 hours a day, 7 days a week. For help in your language, or to get this handbook in a different language, call 1-888-893-1569 (TTY 711). The call is free.

English: ATTENTION: If you need help in your language, call 1-888-893-1569 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-893-1569 (TTY: 711). These services are free.

Arabic: تنبيه: إذا كنت بحاجة إلى تلقي المساعدة بلغتك، فاتصل على الرقم 1-888-893-1569 (TTY: 711). وتتاح أيضاً المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المدونة بطريقة برايل، والمطبوعة بحروف طباعة كبيرة. اتصل على الرقم 1-888-893-1569 (TTY: 711). هذه الخدمات مجانية.

Armenian: Ուժեղ խնդրում ենք ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 1-888-893-1569 (TTY` 711): Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ բրայլի գրերով և մեծ տառաչափով տպագրված փաստաթղթեր: Չանգահարեք 1-888-893-1569 (TTY` 711) հեռախոսահամարով: Այս ծառայություններն անվճար են:



Chinese: 注意：如果您需要語言協助，請致電 1-888-893-1569（聽障專線：711）。另外，還為殘疾人士提供輔助和服務，例如點字版和大字版文件。請致電 1-888-893-1569（聽障專線：711）。這些服務免費。

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ 1-888-893-1569 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜਤਾ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-888-893-1569 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Hindi: ध्यान दें: अगर आपको अपनी पसंदीदा भाषा में मदद की जरूरत है, तो 1-888-893-1569 (TTY: 711) पर कॉल करें। विकलांग लोगों के लिए ब्रेल लिपि में दस्तावेज़ और बड़े प्रिंट वाले दस्तावेज़ों जैसी सहायता और सेवाएं भी उपलब्ध हैं। 1-888-893-1569 (TTY: 711) पर कॉल करें। ये सेवाएं मुफ्त हैं।

Hmong: LUS CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, ces hu rau 1-888-893-1569 (TTY: 711). Tsis tas li ntawd, peb kuj tseem muaj cov kev pab dawb thiab cov kev pab cuam rau cov neeg xiam oob qhab tib si thiab, xws li cov ntawv xuas thiab luam ua tus ntawv loj. Hu rau 1-888-893-1569 (TTY: 711). Cov kev pab cuam no yog pub dawb xwb.

Japanese: 注：言語のサポートが必要な場合は、1-888-893-1569（TTY：711）にお電話ください。点字や大きな活字の文書など、障がいのある方のための補助・サービスもご用意しています。詳細は、1-888-893-1569（TTY：711）にお電話ください。これらのサービスは無料です。



Korean: 참고: 귀하의 언어로 도움이 필요하시면 1-888-893-1569 (TTY: 711)번으로 연락해 주십시오. 장애가 있는 분들에게 보조 자료 및 서비스(예: 점자, 대형 활자 인쇄본)도 제공됩니다. 1-888-893-1569(TTY: 711)로 전화하십시오. 이 서비스들은 무료입니다.

Laotian: ຂໍ້ຄວນໃສໃຈ:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາເບີ 1-888-893-1569 (TTY: 711). ນອກຈາກນັ້ນ, ພວກເຮົາກໍ່ຍັງມີການຊ່ວຍເຫຼືອລ້າ ແລະ ການບໍລິການຕ່າງໆ ສໍາລັບຄົນພິການອີກດ້ວຍ ເຊັ່ນ: ເອກະສານເປັນຕົວອັກສອນນູນ ແລະ ພິມເປັນຕົວໃຫຍ່. ໂທຫາເບີ 1-888-893-1569 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າ.

Mien: Nyungc Genh Hanh: Lai bawnz vaai gaex nyungc nyei ziqv zingh nyei mienh, jienh 1-888-893-1569 (TTY: 711). Mborndei douh aenx nyei mienh guangc zaouv, zingh mbienh guangc braille nyei mbuenx lingx. Zaouv aenx 1-888-893-1569 (TTY: 711). Gingh douh bawnc yienh souy nyei mienh.

Mon-Khmer, Cambodian: សម្គាល់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នកសូមទូរសព្ទទៅលេខ 1-888-893-1569 (TTY: 711)។ មានជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្តាប និងការបោះពុម្ពជាអក្សរធំៗផងដែរ។ សូមទូរសព្ទទៅ 1-888-893-1569 (TTY: 711)។ សេវាកម្មទាំងនេះផ្តល់ជូនឥតគិតថ្លៃ។



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

(Farsi) Persian: توجه: اگر نیاز به راهنمایی به زبان خودتان دارید، با شماره 1-888-893-1569 (TTY: 711) تماس بگیرید. کمک‌ها و خدماتی مانند اسناد به خط بریل و چاپ درشت نیز قابل‌ارائه به افراد معلول است. با شماره 1-888-893-1569 (TTY: 711) تماس بگیرید. این خدمات رایگان هستند.

Russian: ВНИМАНИЕ! Если вам нужна помощь на вашем языке, звоните по номеру 1-888-893-1569 (TTY: 711). Кроме того, мы предоставляем материалы и услуги для людей с ограниченными возможностями, например документы, напечатанные крупным шрифтом или шрифтом Брайля. Звоните по телефону 1-888-893-1569 (TTY: 711). Эти услуги предоставляются бесплатно.

Spanish: ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-888-893-1569 (TTY: 711). También hay herramientas y servicios disponibles para personas con discapacidad, como documentos en braille y en letra grande. Llame al 1-888-893-1569 (TTY: 711). Estos servicios son gratuitos.

Tagalog: PAUNAWA: Kung kailangan mo ng tulong na nasa iyong wika, tumawag sa 1-888-893-1569 (TTY: 711). Mayroong ding mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumentong nasa braille at malaking print. Tumawag sa 1-888-893-1569 (TTY: 711). Libre ang mga serbisyonang ito.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Thai: โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาที่คุณใช้ โปรดโทร 1-888-893-1569

(TTY: 711) นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับผู้ทุพพลภาพ เช่น เอกสารที่ใช้ตัวอักษรเบรลล์และตัวอักษรขนาดใหญ่ โทร 1-888-893-1569 (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Ukrainian: УВАГА! Якщо вам потрібна допомога вашою мовою, зателефонуйте за номером 1-888-893-1569 (TTY: 711). Ми також надаємо матеріали та послуги для людей з особливими потребами, як-от документи, надруковані великим шрифтом чи шрифтом Брайля. Зателефонуйте за номером 1-888-893-1569 (TTY: 711). Ці послуги безкоштовні.

Vietnamese: LƯU Ý: Nếu quý vị cần trợ giúp về ngôn ngữ của mình, vui lòng gọi số 1-888-893-1569 (TTY: 711). Chúng tôi cũng trợ giúp và cung cấp dịch vụ cho người khuyết tật, như tài liệu dạng chữ nổi braille và bản in khổ lớn. Gọi số 1-888-893-1569 (TTY: 711). Các dịch vụ này được cung cấp miễn phí.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Welcome to CalViva Health!

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

Member Handbook

This Member Handbook tells you about your coverage under CalViva Health. 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 CalViva Health. 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 CalViva Health at 1-888-893-1569 (TTY 711).

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

To ask for a copy of the contract between CalViva Health and the California Department of Health Care Services (DHCS), call 1-888-893-1569 (TTY 711). You may ask for another copy of the Member Handbook for free. You can also find the Member Handbook on the CalViva Health website at www.CalVivaHealth.org. You can also ask for a free copy of the CalViva Health non-proprietary clinical and administrative policies and procedures. They are also on the CalViva Health website.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Contact us

CalViva Health is here to help. If you have questions, call 1-888-893-1569 (TTY 711).
CalViva Health is here 24 hours a day, 7 days a week. The call is free.

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

Thank you,
CalViva Health
7625 N. Palm Ave., Suite #109
Fresno, CA 93711



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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1. Getting started as a member

How to get help

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

Member services

CalViva Health member services is here to help you. CalViva Health can:

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

If you need help, call 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. CalViva Health must make sure you wait less than 10 minutes when calling.

You can also visit Member Services online at any time at www.CalVivaHealth.org.

Who can become a member

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

You qualify for CalViva Health because you qualify for Medi-Cal and live in one of these counties: Fresno, Kings, or Madera (see county office contacts below). You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- **Fresno County**

Fresno County Department of Social Services: 1-855-832-8082

- **Kings County**

Kings County Department of Human Services Agency: 1-877-410-8813

- **Madera County**

Madera County Department of Social Services: 1-559-675-2300

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). Or go to <https://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 CalViva Health, you will get our CalViva Health Identification (ID) card. You must show your CalViva Health ID card **and** your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions. Your Medi-Cal BIC card is the benefits identification card sent to you by the State of California. You should always carry all health cards with you. Your Medi-Cal BIC and CalViva Health ID cards look like these:



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.



<p>Name FIRST MI LASTNAME CIN # XXXXXXXXX Physician Group and PCP PPG Name PCP or Clinic Name Street Address City State Zip + 4 PCP PHONE: X-XXX-XXX-XXXX Effective date with PCP: MM/DD/YY Office Copay: \$0 Rx BIN 022659 RxPCN 6334225</p>	<p>Issue Date MM/DD/YY Enrollment Date MM/DD/YY CalViva Health only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG). To change your PPG or Primary Care Provider (PCP), call CalViva Health Member Services at 1-888-893-1569 / TTY: 711 or visit www.calvivahealth.org</p>

<p>CalViva Health Member Services is available 24 hours a day, 7 days a week</p>	
<p>Member Services & Mental Health Benefits Nurse Advice Line Website 24/7 Video Doctor Appointment</p>	<p>1-888-893-1569 (TTY: 711) 1-888-893-1569 (TTY: 711) www.calvivahealth.org www.teladoc.com</p>
<p>If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.</p> <p>See your PCP for non-emergency health needs like colds, minor infections or illnesses, or treatment for ongoing health needs. Do not go to the emergency room for routine health care.</p>	
<p><small>Providers Call for Eligibility and Authorization: 1-888-893-1569 Option 2 for eligibility verification. Non-contracted hospitals requesting prior authorization for post-stabilization care: 1-800-995-7890, option 2 Medi-Cal Rx Help Line: 1-800-977-2273 Out of area/Emergency Providers Call 1-888-893-1569 for authorization. Prior Authorization: Primary Care Physician referral in advance is required for most non-emergency services by contracting providers. Emergency services are covered by CalViva Health without prior authorization and at no cost to the members. Emergency services rendered to the member by non-CalViva Health providers are reimbursable by CalViva Health without prior authorization. This card is for identification only. It does not verify eligibility. Mail all claims to: PO Box 9020, Farmington, MO 63640-9020.</small></p>	

Your CalViva Health ID card has important information on it, including:

- Your Primary Care Provider’s (PCP) name (or the name of your clinic or medical group). This information does not appear on ID cards for members who have both Medicare (Part A and Part B) and Medi-Cal coverage. The PCP information will say “See Your Medicare Doctor.” This information also does not appear on ID cards for newborns who have been assigned a Client Index Number (CIN) by DHCS. The PCP information will say “No Primary MD.”
- Your PCP’s address and phone number. This information does not appear on ID cards for members who have both Medicare (Part A and Part B) and Medi-Cal coverage. The PCP information will say “See Your Medicare Doctor.” This information also does not appear on ID cards for newborns who have been assigned a CIN by DHCS. The PCP information will say “Please Call Member Services.”
- If your PCP and/or medical group information is wrong or if you have changed your PCP and/or medical group since your last ID card was issued, call member services at 1-888-893-1569 (TTY 711) to get a new card with the correct PCP information.
- If you have any questions regarding your ID card, please call member services at 1-888-893-1569 (TTY 711).



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Here's what to do with your CalViva Health ID card:

- Check to make sure the information on your ID card is correct. If anything on your ID card is wrong, call member services at 1-888-893-1569 (TTY 711) right away. If your name is not spelled right or is incorrect, we will connect you to your county office to get it fixed.

Show your CalViva Health ID card whenever you:

- have a doctor's appointment,
- go to the hospital, or
- need urgent care/emergency services.

If you do not get your CalViva Health ID card within a few weeks after your enrollment date, or if your CalViva Health ID card is damaged, lost, or stolen, call member services right away. CalViva Health will send you a new card for free. Call 1-888-893-1569 (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 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

2. About your health plan

Health plan overview

CalViva Health is a health plan for people who have Medi-Cal in these counties: Fresno, Kings, or Madera. CalViva Health works with the State of California to help you get the health care you need.

Talk with one of the CalViva Health member services representatives to learn more about the health plan and how to make it work for you. Call 1-888-893-1569 (TTY 711).

When your coverage starts and ends

When you enroll in CalViva Health, we will send your CalViva Health Identification (ID) card within two weeks of your enrollment date. You must show both your CalViva Health 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 start using your Medi-Cal benefits through CalViva Health on your effective date of coverage. Your effective date of coverage is the 1st day of the month following completion of enrollment in CalViva Health. Check the CalViva Health member ID card mailed to you for the effective date of coverage.

You can end your CalViva Health 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.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

CalViva Health is a health plan for Medi-Cal members in Fresno, Kings, and Madera counties. Find your local county office at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

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

- You move out of Fresno, Kings, and Madera counties
- You no longer have Medi-Cal
- 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 CalViva Health Medi-Cal coverage, you may still qualify for FFS Medi-Cal coverage. If you are not sure if you are still covered by CalViva Health, call 1-888-893-1569 (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 CalViva Health while getting health care services from these locations. To learn more about enrollment and disenrollment, call 1-888-893-1569 (TTY 711).

CalViva Health must provide care coordination for you, including out-of-network case management. If you ask to get services from an IHCP and there is no available in-network IHCP, CalViva Health must help you find an out-of-network IHCP. To learn more, read “Provider network” in Chapter 3 of this handbook.

How your plan works

CalViva Health is a managed care health plan contracted with DHCS. CalViva Health works with doctors, hospitals, and other providers in the CalViva Health service area to provide health care to our members. As a member of CalViva Health, you may qualify



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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 CalViva Health 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 1-888-893-1569 (TTY 711). You can also find member service information online at www.CalVivaHealth.org.

Changing health plans

You can leave CalViva Health 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 CalViva Health 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 CalViva Health 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 CalViva Health 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).



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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, CalViva Health 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 CalViva Health. 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:

- Tell your eligibility worker at your local county social services office 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 CalViva Health 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 CalViva Health does not serve the new county where you attend college, and you do not change your health plan to one that serves that county, you will only get emergency room and urgent care services for some conditions in the new county. To learn more, read Chapter 3, “How to get care.” For routine or preventive health care, you would need to use the CalViva Health network of providers located in Fresno, Kings, and Madera counties.

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 your local county social services office. As long as you qualify, Medi-Cal will cover emergency services and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico.

Routine and preventive care services, including prescription drugs relating to these



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

Continuity of care

Continuity of care for an out-of-network provider

As a member of CalViva Health, you will get your health care from providers in CalViva Health's network. To find out if a health care provider is in the CalViva Health network, read the Provider Directory. The Provider Directory has other information to help you choose a provider. If you need a Provider Directory, call 1-888-893-1569 (TTY 711). You can also find the Provider Directory on the CalViva Health website at www.CalVivaHealth.org. Providers not listed in the directory may not be in the CalViva Health network.

In some cases, you might be able to get care from providers who are not in the CalViva Health 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 CalViva Health network. This is called continuity of care.

If you need to get care from a provider who is outside the network, call CalViva Health 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 CalViva Health
- You went to the out-of-network provider for a non-emergency visit at least once during the 12 months before your enrollment with CalViva Health
- The out-of-network provider is willing to work with CalViva Health and agrees to CalViva Health's contract requirements and payment for services



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- The out-of-network provider meets CalViva Health’s professional standards
- The out-of-network provider is enrolled and participating in the Medi-Cal program

To learn more, call member services at 1-888-893-1569 (TTY 711).

If your providers do not join the CalViva Health network by the end of 12 months, do not agree to CalViva Health payment rates, or do not meet quality of care requirements, you will need to change to providers in the CalViva Health network. To discuss your choices, call member services at 1-888-893-1569 (TTY 711).

CalViva Health 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 CalViva Health’s network.

To learn more about continuity of care and if you qualify, call 1-888-893-1569.

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

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

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 CalViva Health.
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



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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 CalViva Health
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 CalViva Health or the time the provider stops working with CalViva Health
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 CalViva Health 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 CalViva Health

For other conditions that might qualify, call CalViva Health Member Services.

If an out-of-network provider is not willing to keep providing services or does not agree to CalViva Health'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 services from a different provider in CalViva Health'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 CalViva Health's network, call member services at 1-888-893-1569 (TTY 711).

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

Costs

Member costs

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



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If you are an American Indian, you do not have to pay enrollment fees, premiums, deductibles, co-pays, cost sharing, or other similar charges. CalViva Health 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 Insurance Program (CCHIP) in Santa Clara, San Francisco, or San Mateo counties or are enrolled in Medi-Cal for Families, you might have a monthly premium and co-pays.

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

For members with long-term care and a share of cost

You might have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income. Each month, you will pay your own health care bills, including but not limited to, Long-Term Services and Supports (LTSS) bills, until the amount you have paid equals your share of cost. After that, CalViva Health will cover your long-term care for that month. You will not be covered by CalViva Health until you have paid your entire long-term care share of cost for the month.

How a provider gets paid

CalViva Health pays providers in these ways:

- Capitation payments
 - CalViva Health pays some providers a set amount of money every month for each CalViva Health member. This is called a capitation payment. CalViva Health and providers work together to decide on the payment amount.
- FFS payments
 - Some providers give care to CalViva Health members and send CalViva Health a bill for the services they provided. This is called an FFS payment. CalViva Health



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and providers work together to decide how much each service costs.

- Incentive Payment
 - CalViva Health also pays for meeting certain quality benchmarks.

To learn more about how CalViva Health pays providers, call 1-888-893-1569 (TTY 711).

If you get a bill from a health care provider

Covered services are health care services that CalViva Health must pay. If you get a bill for any Medi-Cal covered services, do not pay the bill. Call member services right away at 1-888-893-1569 (TTY 711). CalViva Health will help you figure out if the bill is correct.

If you get a bill from a pharmacy for a prescription drug, supplies, or supplements, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can call 711, Monday through Friday, 8 a.m. to 5 p.m. You can also go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Asking CalViva Health 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 CalViva Health is responsible for paying. CalViva Health will not reimburse you for a service that CalViva Health does not cover.
- You got the covered service while you were an eligible CalViva Health member.
- You ask to be paid back within one year from the date you got the covered service.
- You show proof that you, or someone on your behalf, paid for the covered service, such as a detailed receipt from the provider.
- You got the covered service from a Medi-Cal enrolled provider in CalViva Health'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.

CalViva Health 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,



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

CalViva Health will pay you back for the full amount you paid. We must reimburse you within 45 working days of receipt of the claim.

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

CalViva Health 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 CalViva Health
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You have Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.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 CalViva Health. Always carry with you your CalViva Health Identification (ID) card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards. Never let anyone else use your BIC card or CalViva Health ID card.

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

The CalViva Health network is a group of doctors, hospitals, and other providers who work with CalViva Health. You must choose a PCP within 30 days from the time you become a member of CalViva Health. If you do not choose a PCP, CalViva Health will choose one for you.

You can choose the same PCP or different PCPs for all family members in CalViva Health, 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 CalViva Health network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-888-893-1569 (TTY 711). You can also find the Provider Directory on the CalViva Health website at www.CalVivaHealth.org.

If you cannot get the care you need from a participating provider in the CalViva Health network, your PCP or specialist in CalViva Health's network must ask CalViva Health for approval to send you to an out-of-network provider. This is called a referral. You do not need a referral to go to an out-of-network provider to get sensitive care services listed under the heading "Sensitive care" later in this chapter.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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.

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 CalViva Health. 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 will 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 CalViva Health, 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 CalViva Health network.

If you do not choose a PCP within 30 days of enrollment, CalViva Health will assign you to a PCP. If you are assigned to a PCP and want to change, call 1-888-893-1569 (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
- Give you the preventive and routine health care you need
- Refer you to a specialist if you need one
- Arrange for hospital care if you need it



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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

You can find the CalViva Health Provider Directory online at www.CalVivaHealth.org. Or you can request a Provider Directory to be mailed to you by calling 1-888-893-1569 (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 CalViva Health provider network and is taking new patients.

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

To change your PCP, call 1-888-893-1569 (TTY 711).

CalViva Health can change your PCP if the PCP is not taking new patients, has left the CalViva Health network, does not give care to patients your age, or if there are quality concerns with the PCP that are not resolved. CalViva Health 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 CalViva Health needs to change your PCP, CalViva Health will tell you in writing.

If your PCP changes, you will get a letter and new CalViva Health member ID card 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?
- 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?



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- Do the PCP's office hours fit my schedule?
- Does the PCP work with specialists I use?

Initial Health Appointment (IHA)

CalViva Health 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 CalViva Health. Give your CalViva Health ID number.

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

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

If you have questions about your first health appointment, call 1-888-893-1569 (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.

CalViva Health recommends that children, especially, get regular routine and preventive care. CalViva Health 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.

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Your PCP will:

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

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

To learn more about health care and services CalViva Health 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 CalViva Health 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 CalViva Health what you need.

Provider network

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

CalViva Health is a managed care health plan. When you choose our Medi-Cal Plan, you are choosing to get your care through our medical care program. You must get most of your covered services through CalViva Health 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.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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

If your PCP, hospital, or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call 1-888-893-1569 (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. CalViva Health can also help you find a provider who will perform the service.

In-network providers

You will use providers in the CalViva Health 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 CalViva Health network.

To get a Provider Directory of in-network providers, call 1-888-893-1569 (TTY 711). You can also find the Provider Directory online at www.CalVivaHealth.org. 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 CalViva Health before you go to a provider outside the CalViva Health network, including inside the CalViva Health service area, except in these cases:

- If you need emergency care, call 911 or go to the nearest emergency room.
- If you are outside the CalViva Health service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).
- If you need mental health services, go to an in-network provider or a county mental health plan provider, without pre-approval (prior authorization).

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

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

Out-of-network providers are providers that do not have an agreement to work with CalViva Health. Except for emergency care, family care, sensitive care, and care pre-



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approved by CalViva Health, 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. CalViva Health may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

For urgent care inside the CalViva Health service area, you must go to a CalViva Health 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 CalViva Health service area.

If you get urgent care from an out-of-network provider inside CalViva Health 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 1-888-893-1569 (TTY 711).

Outside the service area

If you are outside of the CalViva Health service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call 1-888-893-1569 (TTY 711).

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

If you paid for emergency care requiring hospitalization in Canada or Mexico, you can ask CalViva Health to pay you back. CalViva Health 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 United States Virgin Islands, you are covered for emergency care. Not all hospitals and doctors accept Medicaid. (Medi-Cal is



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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 CalViva Health.

Ask the hospital to make copies of your CalViva Health ID card. Tell the hospital and the doctors to bill CalViva Health. If you get a bill for services you got in another state, call CalViva Health right away. We will work with the hospital and/or doctor to arrange for CalViva Health 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 1-888-893-1569 (TTY 711).

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

How managed care works

CalViva Health is a managed care health plan. CalViva Health provides care to members who live in Fresno, Kings, and Madera counties. In managed care, your PCP, specialists, clinic, hospital, and other providers work together to care for you.

CalViva Health contracts with medical groups to provide care to CalViva Health 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 CalViva Health ID card for the names of your PCP, medical group, and hospital.

When you join CalViva Health, 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), CalViva Health or your medical group will review the pre-approval (prior authorization) and decide whether to approve the service.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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

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

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

Members who have both Medicare and Medi-Cal

Members with Medicare and Medi-Cal should access Medicare providers for Medicare covered benefits and Medi-Cal plan providers for Medi-Cal covered benefits.

- If you have a Medicare Advantage Plan including a Dual Special Needs Plan (D-SNP), please reference your Medicare plan's Evidence of Coverage (EOC)
- If you have Medicare Fee-for-Service (FFS), please reference the "Medicare & You" handbook provided by Medicare. It can also be found on Medicare's website: <https://www.medicare.gov/medicare-and-you>

Doctors

You will choose a doctor or other provider from the CalViva Health Provider Directory as your PCP. The PCP you choose must be an in-network provider. To get a copy of the CalViva Health Provider Directory, call 1-888-893-1569 (TTY 711). Or find it online at www.CalVivaHealth.org.

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

If you had a doctor before you were a member of CalViva Health, and that doctor is not part of the CalViva Health network, you might be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call 1-888-893-1569 (TTY 711).

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Remember, if you do not choose a PCP, CalViva Health 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 CalViva Health.

If you want to change your PCP, you must choose a PCP from the CalViva Health Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-888-893-1569 (TTY 711). You are able to make a PCP change by mail, fax, or online at www.CalVivaHealth.org.

Hospitals

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

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

Women's health specialists

You can go to a women's health specialist in CalViva Health'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 1-888-893-1569 (TTY 711). You can also call the 24/7 Nurse Advice Line by calling the member services phone number at 1-888-893-1569 (TTY 711).

For family planning services, your provider does not have to be in the CalViva Health 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 CalViva Health provider network, call 1-888-893-1569 (TTY 711).

Provider Directory

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

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

The Provider Directory has CalViva Health in-network provider names, specialties, addresses, phone numbers, business hours, and languages spoken. It tells you if the provider is taking new patients. It also gives the physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

To learn more about a doctor’s education, professional qualifications, residency completion, training, and board certification, call 1-888-893-1569 (TTY 711).

You can find the online Provider Directory at www.CalVivaHealth.org.

If you need a printed Provider Directory, call 1-888-893-1569 (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.

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Appointment type	You should be able to get an appointment within:
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 Nurse Advice Line	30 minutes (connected to nurse)

Sometimes waiting longer for an appointment is not a problem. Your provider might give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health. You can choose to wait for a later appointment or call CalViva Health to go to another provider of your choice. Your provider and CalViva Health 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 CalViva Health 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 1-888-893-1569.

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.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Travel time or distance to care

CalViva Health 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 CalViva Health 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 CalViva Health's time or distance standards for where you live, visit www.CalVivaHealth.org. Or call 1-888-893-1569 (TTY 711).

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

If you need care from a provider located far from where you live, call member services at 1-888-893-1569 (TTY 711). They can help you find care with a provider located closer to you. If CalViva Health cannot find care for you from a closer provider, you can ask CalViva Health 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 CalViva Health 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 CalViva Health ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for needed language assistance or interpreting services before your appointment to have the services at the time of your visit
- Be on time for your appointment, arrive a few minutes early to sign in, fill out forms, and answer any questions your PCP may have
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

If you have an emergency, call **911** or go to the nearest emergency room. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the CalViva Health Nurse Advice Line at 1-888-893-1569 (TTY 711) and choose the 24-hour Nurse Advice Line option in the menu.

Getting to your appointment

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

If you are having an emergency, call **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" later in Chapter 4.

Canceling and rescheduling

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

Payment

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

If you do get a bill, call 1-888-893-1569 (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 visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Tell CalViva Health the amount you are being charged, the date of service, and the reason for the bill. CalViva Health 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 CalViva Health for any covered service. If you get care from an out-of-network provider and you did not get pre-approval (prior authorization) from CalViva Health, you might have to pay for the care you got.

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

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

If you need to get medically necessary care from an out-of-network provider because it is not available in the CalViva Health 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 CalViva Health 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 1-888-893-1569 (TTY 711).

For questions, call 1-888-893-1569 (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.

CalViva Health will not pay you back if:

- The services are not covered by Medi-Cal such as cosmetic services
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You ask to be paid back for Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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 and lab work.

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.

Your PCP will start the referral process. Your PCP will know whether you need an authorization or whether you can make the appointment directly. If you have any questions about whether care from a specialist or from a hospital needs approval, you can call member services at 1-888-893-1569 (TTY 711). Requests for routine referrals that require pre-approval (prior authorization) take up to 5 working days to process (“working days” are Monday through Friday). In some cases, your PCP may ask to rush your pre-approval (prior authorization) request. Expedited (rush) pre-approval (prior authorization) requests may not take more than 72 hours. Please call member services at 1-888-893-1569 (TTY 711) if you do not get a response by these times.

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 CalViva Health referral policy, call 1-888-893-1569 (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)



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- 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
- Acupuncture (the first two services per month; additional appointments will need a referral)
- Podiatry services
- Eligible dental services
- Routine perinatal care from a doctor that works with CalViva Health
- Certified nurse midwife services

Minors can also get certain outpatient mental health services, sensitive services and substance use disorder services without a parent or guardian’s consent. To learn more, read “Minor consent services” later in this chapter and “Substance use disorder treatment services” in Chapter 4 of this handbook.

California Cancer Equity Act referrals

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

If CalViva Health does not have an in-network NCI-designated cancer center, CalViva Health 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 CalViva Health agree on payment, unless you choose a different cancer treatment provider.

If you have been diagnosed with cancer, contact CalViva Health 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.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Pre-approval (prior authorization)

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

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

The following services **always** need pre-approval (prior authorization), even if you get them from a provider in the CalViva Health network:

- Hospitalization, if not an emergency
- Services out of the CalViva Health service area, if not an emergency or urgent care
- 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))
- Advanced imaging
- Medical transportation services when it is not an emergency

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

CalViva Health has 5 business days from when CalViva Health 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 CalViva Health finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, CalViva Health 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), CalViva Health will give you notice as quickly as your health condition requires and no later than 72 hours or 5 days after the request for services. Clinical or medical staff such as doctors, nurses, and pharmacists review pre-approval (prior authorization) requests.

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

if you do not agree with the decision.

CalViva Health will contact you if CalViva Health 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 CalViva Health 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 1-888-893-1569 (TTY 711).

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.

CalViva Health 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 CalViva Health 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 1-888-893-1569 (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 CalViva Health network who can give you a second opinion, CalViva Health will pay for a second opinion from an out-of-network provider. CalViva Health will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe, or serious illness, or have an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, CalViva Health will tell you in writing within 72 hours.

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Sensitive care

Minor consent services

If you are under age 18, you can get some services without a parent's or guardian's permission. These services are called minor consent services.

You may get these services without your parent or guardian's permission:

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

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

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

For pregnancy testing, contraception services, or services for sexually transmitted infections the provider or clinic does not have to be in the CalViva Health network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization).

Services from an out-of-network provider that are not related to sensitive care may not be covered. To find a Medi-Cal provider who is outside the CalViva Health Medi-Cal network, or to ask for transportation help to get to a provider, call 1-888-893-1569 (TTY 711). For more information related to contraceptive services, read "Preventive and wellness services and chronic disease management" in Chapter 4 of this handbook.

For minor consent services that are outpatient mental health services, you can go to an in-network or out-of-network provider without a referral and without pre-approval (prior authorization). Your PCP does not have to refer you and you do not need to get pre-



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approval (prior authorization) from CalViva Health to get covered minor consent services.

CalViva Health does not cover minor consent services that are specialty mental health services. The county mental health plan for the county where you live covers minor consent services that are specialty mental health services. For specialty mental health services, call your county mental health plan or your CalViva Health Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to:

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

Minors can talk to a representative in private about their health concerns by calling the 24/7 Nurse Advice Line. Call the member services phone number at 1-888-893-1569 (TTY 711) and choose the 24-hour Nurse Advice Line option in the menu.

If you are able to consent to your own care without the consent of a parent or guardian under the law, CalViva Health will not give information on your sensitive care services to your CalViva Health plan policyholder or primary subscriber or to any CalViva Health enrollees without your written permission. You can also ask to get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

Adult sensitive care services

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

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

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

If you need help finding a doctor or clinic for these services, or help getting to these services (including transportation), call 1-888-893-1569 (TTY 711). Or call the 24/7 Nurse Advice Line by calling the member services phone number at 1-888-893-1569 (TTY 711). Choose the 24-hour Nurse Advice Line option in the menu.

CalViva Health will not give information on your sensitive care services to your CalViva Health plan policyholder or primary subscriber, or to any CalViva Health 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. CalViva Health can also help you find a provider.

Some hospitals and providers do not provide one or more of these services even if they are covered by Medi-Cal:

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

To make sure you choose a provider who can give you the care you and your family needs, call the doctor, medical group, independent practice association, or clinic you want. Ask if the provider can and will provide the services you need. Or call CalViva Health at 1-888-893-1569 (TTY 711).

These services are available to you. CalViva Health 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 CalViva Health at 1-888-893-1569 (TTY 711).



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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 1-888-893-1569 (TTY 711). Or you can call the Nurse Advice Line by calling the member services phone number at 1-888-893-1569 (TTY 711). Choose the 24-hour Nurse Advice Line option in the menu to learn the level of care that is best for you.

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

Urgent care needs could be:

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

When you are inside CalViva Health'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 CalViva Health's service area.

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

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

If you need mental health urgent care, call your county mental health plan or Member Services at 1-888-893-1569 (TTY 711). Call your county mental health plan or your CalViva Health Behavioral Health Organization any time, 24 hours a day, 7 days a



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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, CalViva Health will cover them as part of your covered visit. If your urgent care provider gives you a prescription that you need to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read "Prescription drugs covered by Medi-Cal Rx" in "Other Medi-Cal programs and services" in Chapter 4 of this handbook.

Emergency care

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

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

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

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

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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 CalViva Health before you go to the ER. However, if you are not sure if your medical condition is an emergency, call your PCP. You can also call the 24/7 Nurse Advice Line at 1-888-893-1569 (TTY 711).

If you need emergency care outside the CalViva Health service area, go to the nearest ER even if it is not in the CalViva Health network. If you go to an ER, ask them to call CalViva Health. You or the hospital that admitted you should call CalViva Health 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, CalViva Health 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 CalViva Health.

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

CalViva Health's Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call 1-888-893-1569 (TTY 711).

Nurse Advice Line

CalViva Health's Nurse Advice Line can give you free medical information and advice 24 hours a day, every day of the year. Call 1-888-893-1569 (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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

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

The Nurse Advice Line provides services in English and Spanish with interpreter services available for other languages.

Advance health care directives

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

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

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

To learn more, you can call CalViva Health at 1-888-893-1569.

Organ and tissue donation

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

4. Benefits and services

What benefits and services your health plan covers

This chapter explains benefits and services covered by CalViva Health. Your covered services are free as long as they are medically necessary and provided by a CalViva Health in-network provider. You must ask CalViva Health for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask CalViva Health 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 1-888-893-1569 (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 CalViva Health offers are listed below. Benefits and services with a star (*) need pre-approval (prior authorization).



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- Acupuncture*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology*
- Behavioral health treatments*
- Biomarker testing*
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & Radiation therapy*
- Circumcision of newborn (birth through 30 days)
- Cognitive health assessments
- Community health worker 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
- Enteral and parenteral nutrition*
- Family planning services (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Intermediate care facility services
- Lab and radiology*
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy*
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services*
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services
- Pediatric specialty services*
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices*
- Skilled nursing services, including subacute services
- Specialist visits
- Speech therapy*
- Surgical services*
- Telemedicine/Telehealth
- Transgender services*
- Urgent care
- Vision services*
- Women's health services



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

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

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

- Protect life,
- Prevent significant illness or significant disability,
- Alleviate severe pain,



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- Achieve age-appropriate growth and development, or
- 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 low-income infants, children, and adolescents under 21 years old. Medi-Cal for Kids and Teens covers more services than the benefit for adults. It is designed to make sure children get early detection and care to prevent or diagnose and treat health problems. The goal of Medi-Cal for Kids and Teens is to make sure every child gets the health care they need when they need it – the right care to the right child at the right time in the right setting.

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

Medi-Cal benefits covered by CalViva Health

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. CalViva Health 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.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Allergy care

CalViva Health covers allergy testing and treatment, including allergy desensitization, hypo-sensitization, or immunotherapy.

Anesthesiologist services

CalViva Health 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

CalViva Health covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of 2 services per month, or combination of 2 services per month from the following services: acupuncture, audiology, occupational therapy, and speech therapy. Limits do not apply to children under age 21. CalViva Health 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 CalViva Health's network. Not all FQHCs, RHCs, or county hospitals offer outpatient chiropractic services.

Cognitive health assessments

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

Community health worker services

CalViva Health covers community health worker (CHW) services for individuals when recommended by a doctor or other licensed practitioner to prevent disease, disability,



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and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. CHW services have no service location limits and members can receive services in settings, such as the emergency department. Services may include:

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

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

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

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

Dialysis and hemodialysis services

CalViva Health covers dialysis treatments. CalViva Health also covers hemodialysis (chronic dialysis) services if your doctor submits a request and CalViva Health 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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Doula services

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

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

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

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

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

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

Dyadic services

CalViva Health covers medically necessary dyadic behavioral health (DBH) care services for members and their caregivers. A dyad is a child and their parents or caregivers. Dyadic care serves parents or caregivers and the child together. It targets family well-being to support healthy child development and mental health.

Dyadic care services include:

- DBH well-child visits
- Dyadic comprehensive Community Supports services
- Dyadic psycho-educational services
- Dyadic parent or caregiver services



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- Dyadic family training, and
- Counseling for child development, and maternal mental health services

Outpatient surgery

CalViva Health 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

CalViva Health covers physician services that are medically necessary.

Podiatry (foot) services

CalViva Health 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

CalViva Health covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

CalViva Health covers these maternity and newborn care services:

- Birthing center services
- Breast pumps and supplies
- Breastfeeding education and aids
- Care coordination
- Certified Nurse Midwife (CNM)
- Counseling
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Licensed Midwife (LM)



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- Maternal mental health services
- Newborn care
- Nutrition education
- Pregnancy-related health education
- Prenatal care
- Social and mental health assessments and referrals
- Vitamin and mineral supplements

Telehealth services

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

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

Mental health services

Outpatient mental health services

CalViva Health 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 CalViva Health network without a referral.

Your PCP or mental health provider might make a referral for more mental health screening to a specialist in the CalViva Health network to decide the level of care you need. If your mental health screening results find you are in mild or moderate distress or have impaired mental, emotional, or behavioral functioning, CalViva Health can provide mental health services for you. CalViva Health 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



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- Outpatient medicines that are not already covered under the Medi-Cal Rx Contract Drugs List (<https://medi-calrx.dhcs.ca.gov/home/>), supplies and supplements
- Psychiatric consultation
- Family therapy which involves at least 2 family members. Examples of family therapy include, but are not limited to:
 - Child-parent psychotherapy (ages 0 through 5)
 - Parent child interactive therapy (ages 2 through 12)
 - Cognitive-behavioral couple therapy (adults)

For help finding more information on mental health services provided by CalViva Health, call 1-888-893-1569 (TTY 711).

If treatment you need for a mental health disorder is not available in the CalViva Health network or your PCP or mental health provider cannot give the care you need in the time listed above in “Timely access to care,” CalViva Health 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. CalViva Health will help you coordinate your first appointment with a county mental health plan provider to choose the right care for you.

To learn more, read Chapter 4, “Other Medi-Cal programs and services” under “Specialty mental health services” in this handbook.

Emergency care services

Inpatient and outpatient services needed to treat a medical emergency

CalViva Health covers all services needed to treat a medical emergency that happens in the United States (including territories such as Puerto Rico, United States Virgin Islands, etc.). CalViva Health 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



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- 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, CalViva Health will cover the prescription drug as part of your covered emergency services. If a hospital emergency room provider gives you a prescription that you have to take to an outpatient pharmacy to be filled, Medi-Cal Rx will cover that prescription.

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

Emergency transportation services

CalViva Health 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, CalViva Health will not cover your ambulance services.

Hospice and palliative care

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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

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

Palliative care

Palliative care is patient and family-centered care that improves quality of life by anticipating, preventing, and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Palliative care includes:

- Advance care planning
- Palliative care assessment and consultation
- Plan of care including all authorized palliative and curative care
- Palliative care team including, but not limited to:
 - Doctor of medicine or osteopathy
 - Physician assistant
 - Registered nurse



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- Licensed vocational nurse or nurse practitioner
- Social worker
- Chaplain
- Care coordination
- Pain and symptom management
- Mental health and medical social services

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

Hospitalization

Anesthesiologist services

CalViva Health 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

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

Rapid Whole Genome Sequencing

Rapid Whole Genome Sequencing (RWGS) is a covered benefit for any Medi-Cal member who is 1 year of age or younger and is getting inpatient hospital services in an intensive care unit. It includes individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing.

RWGS is a new way to diagnose conditions in time to affect Intensive Care Unit (ICU) care of children 1 year of age or younger. If your child qualifies for the California Children's Services (CCS) program, CCS may cover the hospital stay and the RWGS.

Surgical services

CalViva Health covers medically necessary surgeries performed in a hospital.



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Extended postpartum coverage

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

Rehabilitative and habilitative (therapy) services and devices

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

CalViva Health 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

CalViva Health covers these rehabilitative/habilitative services:

Acupuncture

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

Outpatient acupuncture services, with or without electric stimulation of needles, are limited to 2 services per 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. CalViva Health may pre-approve (prior authorize) more services as medically necessary.

Audiology (hearing)

CalViva Health 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).



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CalViva Health may pre-approve (prior authorize) more services as medically necessary.

Behavioral health treatments

CalViva Health 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 CalViva Health, and provided in a way that follows the approved treatment plan.

Cardiac rehabilitation

CalViva Health covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

CalViva Health covers the purchase or rental of DME supplies, equipment, and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse specialist. Prescribed DME items are covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, CalViva Health 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 or car
- Devices for testing blood or other body substances (diabetes blood glucose monitors, continuous glucose monitors, test strips, and lancets are covered by Medi-Cal Rx)
- Electronic monitors of the heart or lungs except infant apnea monitors
- Repair or replacement of equipment due to loss, theft, or misuse, except when medically necessary for a member under age 21
- Other items not generally used mainly for health care

In some cases, these items may be approved when your doctor submits a request for pre-approval (prior authorization).

Enteral and parenteral nutrition

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

Hearing aids

CalViva Health 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. CalViva Health 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 Fresno, Kings, and Madera counties, 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 the child does not qualify for CCS, CalViva Health will cover medically necessary hearing aids as part of Medi-Cal coverage.



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Hearing aids for members ages 21 and older.

Under Medi-Cal, CalViva Health cover the following for each covered hearing aid:

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

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

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

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

- Replacement hearing aid batteries

Home health services

CalViva Health 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

CalViva Health 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 CalViva Health. When Medi-Cal Rx covers supplies, the provider will bill Medi-Cal.



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Medi-Cal does **not** cover:

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

Occupational therapy

CalViva Health covers occupational therapy services including occupational therapy evaluation, treatment planning, treatment, instruction, and consultative services.

Occupational therapy services are limited to 2 services per month in combination with acupuncture, audiology, chiropractic, and speech therapy services (limits do not apply to children under age 21). CalViva Health may pre-approve (prior authorize) more services as medically necessary.

Orthotics/prostheses

CalViva Health 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.



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Ostomy and urological supplies

CalViva Health 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

CalViva Health covers medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and applying of topical medicines.

Pulmonary rehabilitation

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

Skilled nursing facility services

CalViva Health 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

CalViva Health covers speech therapy that is medically necessary. Speech therapy services are limited to 2 services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy services. Limits do not apply to children under age 21. CalViva Health may pre-approve (prior authorize) more services as medically necessary.

Transgender services

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

Clinical trials

CalViva Health 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.



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Laboratory and radiology services

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

Preventive and wellness services and chronic disease management

CalViva Health covers:

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

Family planning services

Family planning services are provided to members of childbearing age to allow them to choose the number and spacing of children. These services include all methods of birth control approved by the Food and Drug Administration (FDA). CalViva Health'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 CalViva Health without having to get pre-approval (prior authorization) from CalViva Health. 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 1-888-893-1569 (TTY 711).

Chronic disease management

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

- Diabetes



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- Cardiovascular disease
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)

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

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes. It is designed to prevent or delay the onset of Type 2 diabetes in persons diagnosed with prediabetes. Members who meet criteria might qualify for a second year. The program provides education and group support. Techniques include, but are not limited to:

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

Members must meet certain rules to join DPP. Call CalViva Health to learn if you qualify for the program.

Reconstructive services

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

Substance use disorder screening services

CalViva Health covers:

- Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)
- Services for adults (age 18 and older) who have alcohol or other substance use disorder conditions are offered to you at no cost. The covered services for alcohol misuse are:



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- One expanded screening for risky alcohol use per year (a screening tool that asks you for more information about your alcohol use)
- Three 15-minute intervention sessions per year to talk about risky alcohol use
- The plan also covers inpatient treatment for acute drug or alcohol overdose when medically necessary.

For treatment coverage through the county, read “Substance use disorder treatment services” later in this chapter.

Vision benefits

CalViva Health covers:

- A routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes
- Eyeglasses (frames and lenses) once every 24 months with a valid prescription
- Replacement eyeglasses within 24 months if your prescription changes or your eyeglasses are lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low vision devices if you have vision impairment that impacts your ability to perform everyday activities (such as age-related macular degeneration) and standard glasses, contact lenses, medicine, or surgery cannot correct your visual impairment.
- Medically necessary contact lenses. Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (such as missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus.

Transportation benefits for situations that are not emergencies

You can get medical transportation if you have medical needs that do not allow you to use a car, bus, train, or taxi to get to your appointments for medical care. You can get medical transportation for covered services and Medi-Cal covered pharmacy appointments. You can request medical transportation by asking your doctor, dentist, podiatrist, or mental health or substance use disorder provider for it. Your provider will decide the correct type of transportation to meet your needs.

If they find that you need medical transportation, they will prescribe it by filling out a form and submitting it to CalViva Health. Once approved, the approval is good for up to 12 months, depending on the medical need. Once approved, you can get as many rides as you need. Your doctor will need to re-assess your medical need for medical



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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. CalViva Health 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, CalViva Health 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 a doctor or other provider because you are not able to physically or medically able to use a car, bus, train, or taxi to get to your appointment
- You need help from the driver to and from your home, vehicle, or place of treatment due to a physical or mental disability

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call CalViva Health at 1-888-893-1569 at least 48 hours (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible. Have your CalViva Health member ID card ready when you call.

Limits of medical transportation

CalViva Health 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, CalViva Health will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered outside of the CalViva Health network or service area unless pre-authorized by CalViva Health. To learn more or to ask for medical transportation, call CalViva Health at 1-888-893-1569 (TTY 711).

Cost to member

There is no cost when CalViva Health arranges transportation.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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

CalViva Health 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. CalViva Health will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, CalViva Health can reimburse you (pay you back) for rides in a private vehicle that you arrange. CalViva Health must approve this before you get the ride.

You must call us to tell us why you cannot get a ride any other way, such as by bus. If you have access to transportation or can drive yourself to the appointment, CalViva Health will not reimburse you. This benefit is only for members who do not have access to transportation.

For mileage reimbursement, you must submit copies of the driver's:

- Driver's license,
- Vehicle registration, and
- Proof of car insurance

To request a ride for services that have been authorized, call CalViva Health at 1-888-893-1569 (TTY 711) at least 24 hours (Monday-Friday) before your appointment, or as soon as you can when you have an urgent appointment. Have your CalViva Health 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

CalViva Health 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 CalViva Health at 1-888-893-1569 (TTY 711).



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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 CalViva Health 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, CalViva Health can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. These travel expenses may also be covered for someone who is traveling with you to help you with your appointment or someone who is donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting CalViva Health at 1-888-893-1569 (TTY 711).

Other CalViva Health covered benefits and programs

Long-term care services and supports

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

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

If you qualify for long-term care services, CalViva Health will make sure you are placed in a health care facility or home that gives the level of care most appropriate to your medical needs.

If you have questions about long-term care services, call 1-888-893-1569 (TTY 711).

Basic care management

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

It can be hard to figure out how to meet your health care needs after you leave the hospital or if you get care in different systems. Here are some ways CalViva Health can help you:

- If you have trouble getting a follow-up appointment or medicines after you are discharged from the hospital, CalViva Health can help you.
- If you need help getting to an in-person appointment, CalViva Health can help you get free transportation.

If you have questions or concerns about your health or the health of your child, call 1-888-893-1569 (TTY 711).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. CalViva Health offers Complex Care Management (CCM) services to members classified as children or adults with special health care needs; those with catastrophic, high-cost, high-risk, or co-morbid conditions; those who have been non-adherent in less intensive programs; or those that are frail, elderly, disabled, or at the end of life. CCM is also for members who need additional support to avoid adverse outcomes, and/or those who have experienced a critical event or have a complex diagnosis requiring oversight and coordination to ensure the member receives appropriate services and care.

If you are enrolled in CCM or Enhanced Care Management (read below) CalViva Health will make sure you have an assigned care manager who can help with basic care management described above and with other transitional care supports available if you



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are discharged from a hospital, skilled nursing facility, psychiatric hospital, or residential treatment.

Enhanced Care Management (ECM)

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

If you qualify, you may be contacted about ECM services. You can also call CalViva Health 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
- 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 CalViva Health representative or health care provider. Call 1-888-893-1569 (TTY 711).

Cost to member

There is no cost to the member for ECM services.



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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.

CalViva Health has partnered with Community Supports (CS) providers who are community-based organizations with experience working directly in the community who understands the needs of members. The key goal is to allow members to receive care in locations where they feel most comfortable and keep them in their home or community. There are 14 types of services that can help members, as described in the tables below.

Services to Address Homelessness and Housing:

Community Supports	What you can get
Housing Transition Navigation Services	<p>Help with getting housing. This may include help with:</p> <ul style="list-style-type: none"> • Looking for a place to live or housing. • How to apply for housing. • Making a housing support plan. <p>Services are available in all counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • Are listed for housing help through the local homeless Coordinated Entry System or similar system. • Are experiencing homelessness. • Are at-risk of becoming homeless.
Housing Tenancy and Sustaining Services	<p>Help with keeping your housing once you've moved in. This may include support with budgeting, timely rent payments, and understanding your lease agreement rights and responsibilities.</p> <p>Services are available in all counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • Receive Housing Transition/Navigation Services.



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Community Supports	What you can get
	<ul style="list-style-type: none"> • Are listed for housing help through the local homeless Coordinated Entry System or a system like it. • Are currently experiencing homelessness. • Are at-risk of homelessness.
Housing Deposits	<p>Help with getting housing. This includes:</p> <ul style="list-style-type: none"> • Security deposits to get a lease. • First month's coverage of utilities. • First and last month's rent if required before move-in. <p>Services are available in all counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • Receive Housing Transition/Navigation services. • Are listed for housing help through the local homeless Coordinated Entry System or a system like it. • Are experiencing homelessness.

Recuperative Services:

Community Supports	What you can get
Recuperative Care (medical respite)	<p>Short-term housing care for those who no longer need to be in a hospital but still need to heal from injury or illness.</p> <p>Services are available in select counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • At-risk of hospitalization or are post-hospitalization. • Live alone with no formal support. • Face housing insecurity or have housing that would jeopardize their health and safety without modification.
Respite	<p>Short-term relief given to caregivers of those who need care or support on a short-term basis.</p> <p>Services are available in all counties.</p>



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Community Supports	What you can get
	<p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • Live in a place that limits your daily activity. • Are needing a caregiver to provide most of your support. • Need caregiver relief to avoid being placed in a nursing home or someplace like it.
Short-Term Post Hospitalization Housing	<p>A place where you can keep getting care for mental, or substance use disorder needs as soon as you leave a hospital.</p> <p>Services are available in select counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • Are leaving healing care. • Are leaving an inpatient hospital. • Meet the HUD meaning of homeless.
Sobering Centers	<p>A place where you can get help with alcohol or problems with drinking rather than being taken to an emergency department or jail instead.</p> <p>Services are available in select counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • Aged 18 and older and are drunk. • Taken to an emergency department or a jail. • Send to an emergency department and are a good fit for a Sobering Center.

Services for Long-Term Well-Being in Home-Like Settings:

Community Supports	Description
Asthma Remediation	<p>Changes to a home to get rid of harmful asthma triggers.</p> <p>Services are available in all counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • Have had poorly controlled asthma in the past 12 months as defined by: <ul style="list-style-type: none"> ○ An emergency department visit. ○ Being admitted into a hospital.



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Community Supports	Description
	<ul style="list-style-type: none"> ○ Two sick or urgent care visits. ● Have a score of 19 or lower on the asthma control test.
Day Habilitation	<p>Programs given to help you learn the skills needed to live in home-like settings. They can include training on use of public transportation or how to prepare meals.</p> <p>Services available in all counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> ● Are experiencing homelessness. ● Are no longer homeless and have entered housing in the last 24 months. ● Are at-risk of being homeless. Or, home-like setting could be improved.
Environmental Accessibility Adaptation	<p>Changes to home for your health and safety. Also, changes that allow you to function freely in the home. These may include ramps and grab bars.</p> <p>Services are available in all counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> ● Are at-risk for being placed into a nursing home.
Meals/Medically Tailored Meals	<p>Meals that are delivered to your home that are prepared and cooked based on your health and diet needs. This includes meals needed after you are released from the hospital.</p> <p>Services are available in all counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> ● Have chronic conditions. ● Are released from the hospital or skilled nursing home. ● Are high risk of being admitted to the hospital or nursing home placement. ● Have major care management needs. ● Are assessed by a registered Dietitian or licensed Nutrition Professional.



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Community Supports	Description
Nursing Facility Transition/ Diversion to assisted living facility	<p>Services given to help you move out of a nursing home to community settings, like an assisted living facility. This can also be services to keep you from being placed in a nursing home.</p> <p>Services available in all counties.</p> <p>You may be able to get services if you:</p> <p>Nursing Home Transition</p> <ul style="list-style-type: none"> • Have lived 60+ days in a nursing home. • Are willing to live in an assisted living facility (a place to help you with your daily medical needs) as an option to a nursing home. • Can live safely in an assisted living facility with support. <p>Nursing Home Diversion</p> <ul style="list-style-type: none"> • Want to stay in the community. • Are willing and able to live safely in an assisted living facility with support. • Are now getting nursing home services or meet the lowest standard to get nursing home services.
Community Transition Services/Nursing Facility Transition to Home	<p>Services given to help you if you're moving from a nursing home to a home setting where you have to pay for living costs.</p> <p>Services available in all counties.</p> <p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • Are now getting a medically needed nursing home level of care. • Have lived 60+ days in a nursing home and/or medical respite setting. • Want to move back to the community. • Can live safely in the community with support services.
Personal Care and Homemaker Services	<p>Services provided to help you with your daily living needs, such as bathing, dressing, housecleaning, and grocery shopping.</p> <p>Services available in all counties.</p>



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Community Supports	Description
	<p>You may be able to get services if you:</p> <ul style="list-style-type: none"> • At-risk for being admitted to a hospital or placed in a nursing home. • A person that needs day-to-day help and have no other support system. • Approved for In-Home Supportive Services.

If you need help or want to find out what Community Supports might be available for you, call 1-888-893-1569 (TTY 711). Or call your health care provider.

Major organ transplant

Transplants for children under age 21

In Fresno, Kings, and Madera counties, 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, the program will cover the costs for the transplant and related services.

If the child does not qualify for CCS, CalViva Health 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, CalViva Health will cover the transplant and other related services.

Transplants for adults ages 21 and older

If your doctor decides you may need a major organ transplant, CalViva Health 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, CalViva Health will cover the transplant and other related services.

The major organ transplants CalViva Health covers include, but are not limited to:

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



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Street medicine programs

Members experiencing homelessness may receive covered services from street medicine providers within CalViva Health's provider network. Members experiencing homelessness may be able to select a CalViva Health street medicine provider to be their primary care provider (PCP), if the street medicine provider meets PCP eligibility rules and agrees to be the member's PCP. To learn more about CalViva Health's street medicine program, call 1-888-893-1569 (TTY 711).

Tobacco Cessation Program

The Kick It California tobacco cessation program is available to CalViva Health members. The program offers free telephone counseling, self-help materials and online help in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese). Specialized services are available to teens, pregnant members, and tobacco chewers to help members quit smoking or vaping and stay tobacco-free. Texting programs, mobile apps and a live chat feature are also available. CalViva Health members can enroll in the telephonic tobacco cessation program, without prior authorization for members 13 years and older regardless if they opt to use tobacco cessation medications, by calling Kick It California at 1-800-300-8086, or online at www.kickitca.org. Telephonic coaching is available Monday through Friday from 7:00 a.m. to 9:00 p.m., and Saturday from 9:00 a.m. to 5:00 p.m. CalViva Health will cover tobacco cessation counseling for at least two separate quit attempts per year, without prior authorization, and with no mandatory break between quit attempts. Members may request free health education materials about our stop smoking program or information about your Medi-Cal benefits by calling 1-888-893-1569.

Health education interventions and resources are available to CalViva Health members at no cost through self-referral or a referral from their primary care physician (PCP). Members may request educational resources on health topics such as, but not limited to, nutrition, HIV/STD prevention, family planning, exercise, perinatal, asthma, substance abuse and much more. Members may obtain more information by contacting member services at 1-888-893-1569.

Early Start/Early Intervention

- The Early Start Program is for infants and toddlers from birth to 3 years who need early intervention services and have problems that may result in developmental delays, or who show signs of developmental delay. Some risk conditions are:



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- Asphyxia
- Central nervous system infection
- Prematurity
- For more information about Early Start/Early Intervention or a referral to the Regional Center for Early Start/Early Intervention, talk to your doctor or to our plan.

Local Education Agency (LEA) assessment services

- The LEA provides certain health care assessment services through school programs. The LEA is your local public school. Children aged 3 through 21 may get services without a referral from their PCP. The PCP should coordinate needed medical services with the LEA. LEA services may include:
 - Physical and mental health evaluations
 - Education and psychosocial assessments
 - Health and nutrition education
 - Developmental assessments
 - Physical and occupational therapy
 - Speech therapy and audiology (hearing tests)
 - Counseling
 - Nursing services
 - School health aide services
 - Medical transportation

Members with Developmental Disabilities

REGIONAL CENTERS

Regional Centers were created to meet the needs of people who are developmentally disabled. Disabling conditions include: intellectual disability, epilepsy, autism, cerebral palsy, Down's Syndrome, speech, and language delays. Regional Centers help their clients and families to find housing, day programs for adults, transportation, health care and social activities. Most of their services are free to eligible clients. If you have a family member who was diagnosed with a disabling condition before the age of 18, your PCP will connect you with the local Regional Center.



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Other Medi-Cal programs and services

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

CalViva Health does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. CalViva Health will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not CalViva Health. This section lists some of these services. To learn more, call 1-888-893-1569 (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. CalViva Health might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office or infusion center, these may be considered physician-administered drugs.

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

Sometimes, you need a drug not on the Contract Drugs List. These drugs need approval before you can fill the prescription at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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 CalViva Health 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 CalViva Health. These include SMHS for Medi-Cal members who meet services rules for SMHS. SMHS may include these outpatient, residential, and inpatient services:

Outpatient services:

- Mental health services
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management
- Therapeutic behavioral services covered for members under 21 years old
- Intensive care coordination (ICC) covered for members under 21 years old



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- 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 CalViva Health finds you will need services from the county mental health plan, CalViva Health will help you connect with the county mental health plan services.

Substance use disorder treatment services

CalViva Health encourages members who want help with alcohol use or other substance use to get care. Services for substance use are available from general care providers such as primary care, inpatient hospitals, and emergency departments, and from specialty substance use service providers. County Behavioral Health Plans often provide specialty services.

To learn more about treatment options for substance use disorders, call 1-888-893-1569.

CalViva Health members can have an assessment to match them to the services that best fit their health needs and preferences. When medically necessary, available services include outpatient treatment, residential treatment, and medicines for substance use disorders (also called Medications for Addiction Treatment or MAT) such as buprenorphine, methadone, and naltrexone.



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The county provides substance use disorder services to Medi-Cal members who qualify for these services. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. For a list of all counties' telephone numbers go to

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

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

Except as shown under the “Medi-Cal benefits covered by CalViva Health” subsection, all other alcohol and substance use disorder treatment services and outpatient heroin detoxification services are not covered by CalViva Health. Members requiring these services will be referred to a Voluntary Inpatient Detoxification (VID) provider or their county alcohol and substance use disorder treatment program for treatment. CalViva Health will continue to work with your PCP to cover primary care and other services unrelated to the alcohol and substance abuse treatment and will coordinate services with the treatment program(s), as necessary.

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 services 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>.



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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 CalViva Health 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. CalViva Health does not decide CCS eligibility. If your child qualifies to get this type of care, CCS providers will treat them for the CCS eligible condition. CalViva Health 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.

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

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 CalViva Health.

To learn more about CCS, go to <https://www.dhcs.ca.gov/services/ccs>. Or call 1-888-893-1569 (TTY 711).



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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 CalViva Health and request pre-approval (prior authorization) before you pay out of pocket for transportation, meals, and lodging. CalViva Health does provide non-medical and non-emergency medical transportation as noted in Chapter 4, “Benefits and services” in this handbook.

If your transportation or travel expenses that you paid for yourself are found necessary and CalViva Health verifies that you tried to get transportation through CalViva Health, CalViva Health will pay you back. We must pay you back within 60 calendar days of the date you submit the required receipts and proof of transportation expenses.

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

If you qualify to enroll in a 1915(c) waiver, you may be able to get home and community-based services that are not related to a CCS eligible condition but are necessary for you to stay in a community setting instead of an institution. For example, if you require home modifications to meet your needs in a community-based setting, CalViva Health cannot pay those costs as a CCS-related condition. But if you are enrolled in a 1915(c) waiver, home modifications may be covered if they are medically necessary to prevent institutionalization.

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

California’s 6 Medi-Cal 1915(c) waivers allow the state to provide services to persons who would otherwise need care in a nursing facility or hospital in the community-based setting of their choice. Medi-Cal has an agreement with the Federal Government that allows waiver services to be offered in a private home or in a homelike community setting. The services offered under the waivers must not cost more than the alternative institutional level of care. HCBS Waiver recipients must qualify for full-scope Medi-Cal. Some 1915(c) waivers have limited availability across the State of California and/or may have a waitlist. The 6 Medi-Cal 1915(c) waivers are:

- California Assisted Living Waiver (ALW)
- California Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities



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

To learn more about the Medi-Cal Waivers, go to <https://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx>. Or call 1-888-893-1569 (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 care if you did not get IHSS services. The IHSS program will also perform a needs assessment.

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

Services you cannot get through CalViva Health or Medi-Cal

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

- In vitro fertilization (IVF) including, but not limited to infertility studies or procedures to diagnose or treat infertility
- Fertility preservation
- Experimental services
- Vehicle modifications
- Cosmetic surgery
- California Children's Services (CCS)
- All services excluded from Medi-Cal under state and/or federal law



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- Circumcision for members age 31 days and older, unless medically necessary
- Mental Health services or counseling for couples or families for relationship problems
- Custodial Care
- Infertility
- Vaccines not recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC)
- Personal comfort items (such as phones, television, and guest tray) when in the hospital
- Treatment for major alcohol problems. If you need services for major alcohol problems, you may be referred to the county alcohol and drug program.
- Vision Services:
 - Eyeglasses used for protective, cosmetic, or job-related purposes
 - Eyeglasses prescribed for other than the correction of refractive errors or binocular vision problems
 - Progressive lenses
 - Multifocal contact lenses
 - Vision therapy or visual training
- Prescription eyeglasses for a person who has and is able to wear contact lenses

CalViva Health may cover a non-covered service if it is medically necessary. Your provider must submit a pre-approval (prior authorization) request to CalViva Health with the reasons the non-covered benefit is medically needed.

To learn more call 1-888-893-1569 (TTY 711).

Evaluation of new and existing technologies

New technologies include procedures, drugs, biological products, or devices that have been newly developed to treat specific illnesses or conditions or are new ways of using current technologies.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

CalViva Health keeps up with the change in technologies and treatments. To help decide if a new treatment or care should be added to your benefit plan, we review:

- The latest medical and scientific writings
- Recommendations by practicing doctors or nationally recognized medical associations
- Reports and publications of government agencies

This work is done to be sure you have access to safe and effective care.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

5. Child and youth well care

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

Medi-Cal for Kids and Teens

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

- Well-child visits and teen check-ups (important visits children need)
- Immunizations (shots)
- Behavioral health assessment and treatment
- Mental health evaluation and treatment, including individual, group, and family psychotherapy (specialty mental health services (SMHS) are covered by the county)
- Adverse childhood experiences (ACE) screening
- Enhanced Care Management (ECM) for Children and Youth Populations of Focus (POFs) (a Medi-Cal managed care plan (MCP) benefit)
- Lab tests, including blood lead poisoning screening
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by California Children's Services (CCS) for children who qualify. CalViva Health 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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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

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

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

Additional information on ECM can be found here:

<https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Children-And-Youth-POFs-Spotlight.pdf>

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

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

More information on Community Supports can be found here:

<https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf>

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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Well-child health check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate immunizations (shots) (California follows the American Academy of Pediatrics Bright Futures schedule:
https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Lab tests, including blood lead poisoning screening
- Health education
- 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. CalViva Health will cover that care for free, including:

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

Blood lead poisoning screening

All children enrolled in CalViva Health 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.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Help getting child and youth well care services

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

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed
- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services available through Fee-for-Service (FFS) Medi-Cal, such as:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, including orthodontics

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

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about 4 to 6 months, "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.

These Medi-Cal dental services are free or low-cost services for:

Babies ages 0-3

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months and sometimes more)
- X-rays
- Teeth cleaning (every 6 months, and sometimes more)
- Fluoride varnish (every 6 months, and sometimes more)
- Fillings
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Kids ages 4-12

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Molar sealants
- Fillings
- Root canals
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Youth ages 13-20

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 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



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program 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 CalViva Health, there are services the school must provide to help your child learn and not fall behind. Services that can be provided to help your child learn include:

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

The California Department of Education provides and pays for these services. Together with your child's doctors and teachers, you may be able to make a custom plan that will best help your child.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.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 CalViva Health or a provider or with the health care or treatment you got from a provider.
- Use an **appeal** when you do not agree with CalViva Health's decision to change your services or to not cover them.

You have the right to file grievances and appeals with CalViva Health 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 CalViva Health first to let us know about your problem. Call us 24 hours a day, 7 days a week at 1-888-893-1569 (TTY 711). Tell us about your problem.

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC). Ask DMHC to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with CalViva Health. 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.

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 1-888-893-1569 (TTY 711).



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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 CalViva Health or a provider. There is no time limit to file a complaint. You can file a complaint with CalViva Health 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 CalViva Health at 1-888-893-1569 (TTY 711) 24 hours a day, 7 days a week. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call CalViva Health at 1-888-893-1569 (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:

CalViva Health

Appeals & Grievances Department

P.O. Box 10348

Van Nuys, CA 91410-0348

Your doctor's office will have complaint forms.

- **Online:** Go to the CalViva Health website at www.CalVivaHealth.org.

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-888-893-1569 (TTY 711).

Within 5 calendar days of getting your complaint, CalViva Health 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 CalViva Health 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 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.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 1-888-893-1569 (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, CalViva Health does not respond to you within the 72-hour period, or if you are unhappy with CalViva Health's decision.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the CalViva Health grievance process or eligible for Independent Medical Review. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273) and pressing 7 or 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 an Independent Medical Review. 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 the DMHC's website: <https://www.dmhc.ca.gov/>.

Appeals

An appeal is different from a complaint. An appeal is a request for CalViva Health 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 CalViva Health. If we decided to reduce, suspend, or stop a service you are getting now, you can continue getting that service while you wait for your appeal to be decided. This is called Aid Paid Pending. To get Aid Paid Pending, you must ask us for an appeal within 10 days from the date on the NOA or before the date we said your service will stop, whichever is later. When you request an appeal under these circumstances, your service will continue while you wait for your appeal decision.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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

- **By phone:** Call CalViva Health at 1-888-893-1569 (TTY 711) 24 hours a day, 7 days a week. Give your name, health plan ID number, and the service you are appealing.
- **By mail:** Call CalViva Health at 1-888-893-1569 (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:

CalViva Health
Appeals & Grievances Department
P.O. Box 10348
Van Nuys, CA 91410-0348

Your doctor's office will have appeal forms available.

- **Online:** Visit the CalViva Health website. Go to www.CalVivaHealth.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 1-888-893-1569 (TTY 711).

Within 5 days of getting your appeal, CalViva Health will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with DMHC.

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

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-888-893-1569 (TTY 711). We will decide within 72 hours of receiving your appeal.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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 CalViva Health's decision reviewed. If your complaint qualifies for DMHC's Independent Medical Review (IMR) process, an outside doctor who is not part of CalViva Health will review your case and make a decision that CalViva Health 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 DMHC's website: <https://www.dmhc.ca.gov>.

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

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

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

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by CalViva Health. 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 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.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 CalViva Health reviews your case. If you want an IMR, you must first file an appeal with CalViva Health for non-urgent concerns. If you do not hear from CalViva Health within 30 calendar days, or if you are unhappy with CalViva Health's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing. So, if you want an IMR and a State hearing, file your complaint as soon as you can.

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

You may be able to get an IMR right away without first filing an appeal with CalViva Health. 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 CalViva Health 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 **1-888-893-1569 (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 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.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 CalViva Health and a judge from the California Department of Social Services (CDSS). The judge will help to resolve your problem and decide whether CalViva Health made the correct decision or not. You have the right to ask for a State Hearing if you already asked for an appeal with CalViva Health 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 CalViva Health 24 hours a day, 7 days a week by calling 1-888-893-1569. If you cannot hear or speak well, call TTY 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 CalViva Health did not notify you correctly or on time about your services, you can request a State Hearing without having to complete our appeal process. This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- We did not make a NOA or NAR letter available to you in your preferred language
- We made a mistake that affects any of your rights
- We did not give you a NOA letter
- We did not give you a NAR letter
- We made a mistake in our NAR letter



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- 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 (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
P.O. Box 944243, MS 09-17-433
Sacramento, CA 94244-2430
- **Online:** Request a hearing online at www.cdss.ca.gov
- **By email:** Fill out the form that came with your appeals resolution notice and email it to Scopeofbenefits@dss.ca.gov
 - **Note:** If you send it by email, there is a risk that someone other than the State Hearings Division could intercept your email. Consider using a more secure method to send your request.
- **By Fax:** Fill out the form that came with your appeals resolution notice and fax it to the State Hearings Division at 916-309-3487 or toll free at 1-833-281-0903

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-888-893-1569 (TTY 711).

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

If you want CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from CalViva Health.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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
- 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:

CalViva Health

Attention: Chief Compliance Officer

7625 N. Palm Ave., Suite #109

Fresno, CA 93711

Toll-free Phone: 1-866-863-2465 (Open 8 a.m. – 4 p.m. Monday through Friday)

Fax: 559-446-1998



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

7. Rights and responsibilities

As a member of CalViva Health, 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 CalViva Health.

Your rights

These are your rights as a member of CalViva Health:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information such as medical history, mental and physical condition or treatment, and reproductive or sexual health
- To be provided with information about the health plan and its services, including covered services, providers, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about CalViva Health's member rights and responsibilities policy
- To be able to choose a primary care provider within CalViva Health's network
- To have timely access to network providers
- To participate in decision making with providers regarding your own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care you got
- To know the medical reason for CalViva Health's decision to deny, delay, terminate (end), or change a request for medical care
- To get care coordination
- To ask for an appeal of decisions to deny, defer, or limit services or benefits
- To get free interpreting and translation services for your language



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- To get free legal help at your local legal aid office or other groups
- To formulate advance directives
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with CalViva Health and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible
- To disenroll (drop) from CalViva Health and change to another health plan in the county upon request
- To access minor consent services
- To get free written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare and Institutions (W&I) Code section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by CalViva Health, your providers, or the state
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Care Providers, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside CalViva Health's network pursuant to federal law
- To request an Appeal of a denied claim up to 60 days from the date on the notice you receive. This notice is called the "Notice of Adverse Benefit Determination (NABD)." The Appeal process is through the State Fair Hearing. You can also ask how to continue with your health care during the Appeal process.



Your responsibilities

CalViva Health members have these responsibilities:

- **Act courteously and respectfully.** You are responsible for treating your doctor and all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before the visit to cancel or reschedule.
- **Give up-to-date, accurate and complete information.** You are responsible for giving correct information and as much information as you can to all of your providers, and to CalViva Health. You are responsible for getting regular check-ups and telling your doctor about health problems before they become serious.
- **Follow your doctor's advice and take part in your care.** You are responsible for talking over your health care needs with your doctor, developing and agreeing on goals, doing your best to understand your health problems, and following the treatment plans and instructions you both agree on.
- **Use the emergency room only in an emergency.** You are responsible for using the emergency room in cases of an emergency or as directed by your doctor. Emergency care is a service that you reasonably believe is necessary to stop or relieve sudden serious illnesses or symptoms, and injury or conditions requiring immediate diagnosis and treatment.
- **Report wrong-doing.** You are responsible for reporting health care fraud or wrong-doing to CalViva Health. You can do this without giving your name by calling the CalViva Health Fraud and Abuse Hotline toll-free at 1-866-685-8664. The Fraud Hotline operates 24 hours a day, 7 days a week. All calls are strictly confidential.

Notice of non-discrimination

Discrimination is against the law. CalViva Health follows state and federal civil rights laws. CalViva Health does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group



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identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

CalViva Health provides:

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

If you need these services, contact CalViva Health 24 hours a day, 7 days a week by calling 1-888-893-1569. 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 CalViva Health 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 CalViva Health's Member Services. You can file a grievance by phone, by mail, in person, or online:

- **By phone:** Contact CalViva Health 24 hours a day, 7 days a week by calling 1-888-893-1569. Or, if you cannot hear or speak well, call TTY 711 to use the California Relay Service.
- **By mail:** Fill out a complaint form or write a letter and mail it to:
CalViva Health Plan Civil Rights Coordinator
P.O. Box 9103
Van Nuys, CA 91409-9103
1-888-893-1569

Fax: 1-877-831-6019



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- **In person:** Visit your doctor's office or CalViva Health and say you want to file a grievance.
- **Online:** Visit CalViva Health's website at www.CalVivaHealth.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:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at

https://www.dhcs.ca.gov/Pages/Language_Access.aspx.

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

Office of Civil Rights – United States Department of Health and Human Services

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

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, call TTY 1-800-537-7697 or 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>.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

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

Ways to get involved as a member

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

Public Policy Committee

CalViva Health has a group called the Public Policy Committee. This group is made up of member advocates (supporters), CalViva Health members, a CalViva Health Governing Board Commissioner, and a CalViva Health provider of health care services. You can join this group if you would like. The group talks about how to improve CalViva Health policies and is responsible for:

- Input on CalViva Health's grievance and health education efforts
- Input on CalViva Health's cultural and linguistic services program
- Identification of barriers to care due to culture, discrimination, language, or disability
- Other matters pertinent to developing the public policy of the plan.

If you would like to be a part of this group, call 1-888-893-1569 (TTY 711)

You can also call Member Services if you have any questions about the Public Policy Committee.

Notice of privacy practices

A statement describing CalViva Health policies and procedures for preserving the confidentiality of medical records is available and will be given to you upon request.

If you are of the age and capacity to consent to sensitive services, you are not required to get any other member's authorization to get sensitive services or to submit a claim for sensitive services. You can read more about sensitive services in the "Sensitive care" section of this handbook.

You can ask CalViva Health to send communications about sensitive services to another mailing address, email address, or telephone number that you choose. This is



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

called a “request for confidential communications.” If you consent to care, CalViva Health 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, CalViva Health will send communications in your name to the address or telephone number on file.

CalViva Health 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.

CalViva Health’s statement of its policies and procedures for protecting your medical information (called a “Notice of Privacy Practices”) is included below:

EFFECTIVE: 11/1/2024

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

CalViva Health provides health care coverage to you and/or your family. We receive information about you after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs and hospitals in order to pay for your health care.

We are required by state and federal law to maintain the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

This Notice describes how we may use and share your information and what your rights are. We must give you a copy of this Notice.

CHANGES TO NOTICE OF PRIVACY PRACTICES

CalViva Health must obey this Notice. We have the right to change these privacy practices. CalViva Health will promptly revise and distribute this Notice whenever there is a material change to the following:

- Uses or disclosures
- Your rights



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- Our legal duties
- Other privacy practices stated in the Notice

We will make any revised Notices available on our website and in our Member Handbook.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Your information may be used or shared by CalViva Health only for reasons directly connected to your health care.

The information we use and share includes:

- Your name
- Address
- Personal information about your circumstances
- Medical care given to you, and
- Your medical history

Some Examples:

For treatment: You may need medical treatment that requires us to approve covered care in advance. We will share information with doctors, hospitals and others in order to get you the care you need.

For payment: CalViva Health reviews, approves and pays for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.

For health care operations: We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning and general administration. We also provide the names of members to county immunization reporting registries who report to CalViva Health whether members have received immunizations to assess their immunization status and to report related information to the California Department of Health Care Services. Members may instruct their health care provider that they do not consent to the provider's sharing of their immunization information with a county immunization registry.

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- better understand your healthcare needs;
- know your language preference when seeing healthcare providers;
- providing healthcare information to meet your care needs; and
- offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

Threats to Health and Safety: We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Reporting Potential Fraud: Actions we take when we act as a health care plan also include investigating potential fraud cases in which your PHI may be impacted.

OTHER USES FOR YOUR HEALTH INFORMATION

We may also send you information about free medical exams and food programs.

We will also send your information when we are required or permitted to do so by law. Sometimes a court will order us to give out your health information. We will also give out information when legally required to do so for the operations of the health care program. This may involve fraud or actions to recover money from others when another responsible party has paid your medical claims.

You or your doctor, hospital and other health care providers may appeal decisions made about claims for your medical care. Your health information may be used to make these appeal decisions.

Impermissible Use of Protected Health Information (PHI)

We will not use your race, ethnic background, language, sexual orientation, and gender identity and social needs information for underwriting or to deny coverage, services, or benefits. We are also prohibited from using or disclosing genetic information for underwriting purposes.

Internal Protections of Oral, Written and Electronic PHI:

CalViva Health protects your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI)



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

information confidential. We have privacy and security processes to help. These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for business reasons with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

WHEN WRITTEN CONSENT IS NEEDED

If we want to use your information for the reasons listed below, we must get your written consent:

- For marketing purposes
- For disclosures that constitute the sale of your information
- For the use and disclosure of psychotherapy notes

If we want to use your information for a purpose not listed above, we must get your written consent. If you give us your consent, you may take it back in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS?

Right to Request Restrictions – You have the right to ask us not to use or share your personal health care information for treatment, payment, or health care operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. We are not required to agree to your request, and we may say “no” if it would affect your care.

The Right to Request Confidential Communications – You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. You can request confidential handling of your PHI by going to the CalViva Health website (www.CalVivaHealth.org) and completing the Confidential Communications Request Form. Members can also call Member Services at 1-888-893-1569 (TTY 711) to request confidential handling of their medical information. A Confidential Communications request shall be acknowledged by CalViva Health and will be implemented within seven (7) calendar days of the receipt of an electronic or telephonic transmission, or within 14 calendar days of receipt by first-class mail. CalViva Health will advise the member of the status of implementation of the request if a member contacts CalViva Health. The Confidential Communications request shall apply



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to all communications that disclose medical information or provider name and address related to receipt of medical services by the individual requesting the confidential communication.

Additionally, CalViva Health shall not disclose medical information related to sensitive services provided to a protected individual to any plan members other than the protected individual receiving care, absent an express written authorization of the protected individual receiving care.

The Right to Receive an Accounting of Disclosures - You have the right to receive a list of instances within the last 6-years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. You also have the right to receive notice in the event of a breach of your unsecured PHI.

The Right to Inspect and Copy Your PHI - You and your personal representative have the right to get a copy of your information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

******* IMPORTANT *******

CALVIVA HEALTH DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR CLINIC.

The Right to Amend Your PHI - You have the right to ask that information in your records be changed if it is not correct or complete. We may refuse your request if the information is not created or kept by CalViva Health, or we believe it is correct and complete. If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records and your statement will be kept with your records.

The Right to Get a Copy of this Notice – You can ask for a paper copy of this Notice, even if you have agreed to receive the Notice electronically.

The Right to File a Complaint – If you believe that we have not protected your privacy and wish to complain, you may file a complaint by calling or writing:

Privacy Officer



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

c/o Office of Legal Services
California Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413
Sacramento, CA 95899-7413

Phone: 1-916-445-4646 or 1-866-866-0602 (TTY/TDD: 1-877-735-2929)

E-mail: DHCSPrivacyofficer@dhcs.ca.gov

OR

Secretary of the U.S. Department of Health and Human
Services Office for Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102
For more information, call 1-800-368-1019

OR

U.S. Office for Civil Rights at 1-866-OCR-PRIV (1-866-627-7748) or TTY: 1-866-788-4989

Use Your Rights Without Fear

CalViva Health cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use the privacy rights in this Notice.

QUESTIONS

If you have questions about this Notice and want further information, please contact us at the address and phone number provided above.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

HOW DO YOU CONTACT US TO USE YOUR RIGHTS?

If you want to use the privacy rights explained in this Notice, please call or write us at:

CalViva Health Privacy Office
Attention: Chief Compliance Officer
7625 N. Palm Ave., Suite 109
Fresno, CA 93711
Phone: 1-866-863-2465
Fax: (559) 446-1998

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort, other health coverage, and tort recovery

The Medi-Cal program follows state and federal laws and regulations relating to the legal liability of third parties for health care services to members. CalViva Health will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when it is free.

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

If you do not have access to the internet, you can report OHC to CalViva Health by calling 1-888-893-1569 (TTY 711). Or you can call DHCS's OHC Processing Center at 1-800-541-5555 (TTY 1-800-430-7077 or 711) or 1-916-636-1980.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

The California Department of Health Care Services (DHCS) has the right and responsibility to be paid back for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay for your health care first or pay back Medi-Cal if Medi-Cal pays.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online to:

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

To learn more, visit the DHCS Third Party Liability and Recovery Division website at <https://dhcs.ca.gov/tplrd> or call 1-916-445-9891.

Notice about estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-for-Service (FFS) and managed care premiums or capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an inpatient in a nursing facility or was receiving home and community-based services. Repayment cannot exceed the value of a member's probated estate.

To learn more, go to the DHCS Estate Recovery Program website at <https://dhcs.ca.gov/er> or call 1-916-650-0590.

Notice of Action

CalViva Health will send you a Notice of Action (NOA) letter any time CalViva Health denies, delays, terminates, or modifies a request for health care services. If you disagree with CalViva Health's decision, you can always file an appeal with CalViva Health. Go to the "Appeals" section in Chapter 6 of this handbook for important information on filing your appeal. When CalViva Health sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

Contents in notices

If CalViva Health 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 CalViva Health intends to take
- A clear and concise explanation of the reasons for CalViva Health's decision
- How CalViva Health decided, including the rules CalViva Health used
- The medical reasons for the decision. CalViva Health must clearly state how your condition does not meet the rules or guidelines.

Translations

CalViva Health 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 CalViva Health'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, CalViva Health is required to offer verbal help in your preferred language so that you can understand the information you get.

Third Party Liability

CalViva Health will not try to recover funds for covered services paid to a member if the recovery involves a third party. For example, health care for work injuries or insurance money paid for a car accident. But CalViva Health will tell the DHCS and help them to recover the funds. Members are expected to help CalViva Health and the DHCS in such cases.

Independent contractors

CalViva Health is not a health care provider. Your doctor, for example, is a health care provider. CalViva Health contracts with doctors, hospitals, and other health care providers. These providers do not work for CalViva Health. CalViva Health and its



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employees do not work for any health care provider. CalViva Health is not responsible for wrongful acts by any health care provider.

Disruption of care

A natural disaster or emergency circumstances beyond CalViva Health's control may disrupt your care. CalViva Health will adhere to California's requirements to provide or arrange health care services and supplies during a declared state of emergency. If a state of emergency is declared for where you live, please call member services at 1-888-893-1569 (TTY 711) for assistance. In the case of an emergency, go to the nearest doctor or hospital.



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8. Important numbers and words to know

Important phone numbers

- CalViva Health member services at 1-888-893-1569 (TTY 711)
- Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711
- **Disability Services**
 - Website: <https://www.ada.gov/>
 - California Relay Service (CRS): TTY 711
 - AT&T 1-866-241-6568 (Voice)
 - Americans Disabilities Act (ADA) Information: 1-800-514-0301 (Voice); 1-800-514-0383 (TDD)
- **Children's Services (CCS Program)**
 - Website: <https://www.dhcs.ca.gov/services/ccs>
 - Fresno County 1-559-600-3300
 - Kings County 1-559-852-4693
 - Madera County 1-559-675-4945
- **Child Health and Disability Prevention (CHDP) Program**
 - Website: <https://www.dhcs.ca.gov/services/chdp>
 - Fresno County: 1-559-600-3281
 - Kings County: 1-559- 584-1401
 - Madera County: 1-559- 675-7608



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- **California State Services**

- DHCS Ombudsman Office: 1-888-452-8609
(website: <https://www.dhcs.ca.gov/services/MH/Pages/MH-Ombudsman.aspx>)
- Department of Social Services: 1-800-952-5253
(TDD: 1-800-952-8349) (website: <https://www.cdss.ca.gov/county-offices>)
- Department of Managed Health Care (DMHC): 1-888-466-2219
(1-888-HMO-2219) (website: <http://dmhc.ca.gov/>)

- **Social Security Administration**

- Supplemental Security Income (SSI): 1-800-772-1213
(TTY/TDD: 1-800-325-0778)
- Website: <https://www.ssa.gov/>

- **County Offices**

- Mental Health website:
<https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>
- **Fresno County**
Website: <https://www.co.fresno.ca.us/departments/social-services/assistance-programs/medi-cal>
Fresno County Department of Social Services: 1-855-832-8082
Fresno County Department of Behavioral health: 1-800-654-3937
- **Kings County**
Website: <https://www.countyofkings.com/services/human-services-agency/medi-cal-services>
Kings County Department of Human Services Agency: 1-877-410-8813
Kings County Department of Behavioral health: 1-800-655-2553



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- **Madera County**

Website: <https://www.maderacounty.com/government/social-services/healthcare>

Madera County Department of Social Services: 1-559-675-2300

Madera County Department of Behavioral health: 1-888-275-9779

Words to know

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

Acute: A short, sudden medical condition that requires fast medical attention.

American Indian: Individual who meets the definition of “Indian” under federal law at 42 CFR section 438.14, which defines a person as an “Indian” if the person meets any of the following:

- Is a member of a federally recognized Indian tribe
- Lives in an urban center and meets one or more of the following:
 - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member
 - Is an Eskimo or Aleut or other Alaska Native
 - Is considered by the Secretary of the Interior to be an Indian for any purpose
 - Is determined to be an Indian under regulations issued by the Secretary of the Interior
- Is considered by the Secretary of the Interior to be an Indian for any purpose
- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native

Appeal: A member’s request for CalViva Health to review and change a decision made about coverage for a requested service.



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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 nurses or social workers who can help a member understand major health problems and arrange care with the member's providers.

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

Chiropractor: A provider who treats the spine by means of manual manipulation.

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

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP), or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, CalViva Health, a county mental health plan, or a Medi-Cal provider. A complaint is the same as a grievance.

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



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County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. A member is automatically enrolled in a COHS plan if they meet enrollment rules. Enrolled members choose their health care provider from among all COHS providers.

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

Covered Services: Medi-Cal services for which CalViva Health is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form).

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

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

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

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

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

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

- Place the member's health or the health of their unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right
- Result in death

Emergency care: An exam performed by a doctor or staff under direction of a doctor, as allowed by law, to find out if an emergency medical condition exists. Medically



necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

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

Established patient: A patient who has an existing relationship with a provider and has gone to that provider within a specified amount of time established by the health plan.

Experimental treatment: Drugs, equipment, procedures, or services that are in a testing phase with laboratory or animal studies before testing in humans. Experimental services are not undergoing a clinical investigation.

Family planning services: Services to prevent or delay pregnancy. Services are provided to members of childbearing age to enable them to determine the number and spacing of children.

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

Fee-for-Service (FFS) Medi-Cal: Sometimes CalViva Health 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 covered by Medi-Cal, CalViva Health, a county mental health plan, or a Medi-Cal provider. A complaint filed with CalViva Health about a network provider is an example of a grievance.



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

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

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

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

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

Hospice: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less.

Hospital: A place where a member gets inpatient and outpatient care from doctors and nurses.

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

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

Indian Health Care Providers (IHCP): A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Health Program, Tribal Organization or Urban Indian Organization (UIO) as those terms are defined in Section 4 of the 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 Federal



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Drug Administration (FDA), but that has not been approved for general use by the FDA and remains under investigation in an FDA-approved clinical investigation.

Long-term care: Care in a facility for longer than the month of admission plus 1 month.

Managed care plan: A Medi-Cal health plan that uses only certain doctors, specialists, clinics, pharmacies, and hospitals for Medi-Cal recipients enrolled in that plan. CalViva Health 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.

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

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.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called End-Stage Renal Disease (ESRD)).



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

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

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

Network: A group of doctors, clinics, hospitals, and other providers contracted with CalViva Health to provide care.

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

Non-covered service: A service that CalViva Health 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 CalViva Health network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy, Medicare Advantage plans (Part C), Medicare drug plans (Part D), or Medicare supplemental plans (Medigap).

Orthotic device: A device used as a support or brace attached outside the body to support or correct a badly injured or diseased body part that is medically necessary for the medical recovery of the member.

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

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

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

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

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



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- Psychiatric consultation
- Outpatient laboratory, supplies, and supplements

Palliative care: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of 6 months or less.

Participating hospital: A licensed hospital that has a contract with CalViva Health 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 CalViva Health's utilization review and quality assurance policies or CalViva Health'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 CalViva Health 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 CalViva Health for certain services to make sure CalViva Health 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.



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A PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): The process by which a member or their provider must request approval from CalViva Health for certain services to ensure CalViva Health 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 CalViva Health 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.



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Referral: When a member's PCP says the member can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices to help members with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

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

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

Sensitive services: Services related to mental or behavioral health, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder, gender affirming care, and intimate partner violence.

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

Service area: The geographic area CalViva Health serves. This includes the counties of Fresno, Kings, and Madera.

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.



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Terminal illness: A medical condition that cannot be reversed and will most likely cause death within 1 year or less if the disease follows its natural course.

Tort recovery: When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable value of benefits provided to the member for that injury.

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

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. Members can get urgent care from an out-of-network provider if in-network providers are temporarily not available or accessible.

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