

Evidence of Coverage

Member Handbook



Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association

Medi-Cal

Los Angeles County | 2020



L.A. Care
HEALTH PLAN®





Member Handbook

What you need to know about your benefits

Blue Shield of California Promise Health Plan
Combined Evidence of Coverage (EOC) and
Disclosure Form

2020

Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County.

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call Blue Shield of California Promise Member Services at **1-800-605-2556** (TTY 711). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font large print and audio. Call **1-800-605-2556** (TTY 711). The call is toll free.



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). The call is toll free.

English

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-605-2556. (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

1-800-605-2556 (711:YTT)

Հայերեն Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-605-2556 (TTY (հեռատիպ)՝711):

ខ្មែរ Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស គឺអាចមានសរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-605-2556 (TTY: 711)។



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal).

繁體中文 Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-605-2556 (TTY: 711)。

Farsi – فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان تماس (TTY: 771) برای شما فراهم می باشد. با 1-800-605-2556 بگیرید.

हिंदी Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-605-2556 (TTY: 711) पर कॉल करें।

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-605-2556 (TTY: 711).

日本語 – Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-605-2556 (TTY: 711) まで、お電話にてご連絡ください。

한국어 Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-605-2556 (TTY: 711) 번으로 전화해 주십시오.

ພາສາລາວ Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal).

ແມ່ນມີພ້ອມໄທທ່ານ. ໂທ 1-800-605-2556 (TTY: 711).

ਪੰਜਾਬੀ ਦੇ **Punjabi**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-605-2556 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский **Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-605-2556 (телетайп: 711).

Español **Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-605-2556 (TTY: 711).

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-605-2556 (TTY: 711).

ภาษาไทย **Thai**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-605-2556 (TTY: 711).

Tiếng Việt **Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-605-2556 (TTY: 711).



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Notice of non-discrimination

Discrimination is against the law. Blue Shield of California Promise Health Plan complies with applicable state laws and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California Promise Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California Promise Health Plan provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services at no cost to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield of California Promise Health Plan Civil Rights Coordinator.

If you believe that Blue Shield of California Promise Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

Notice of non-discrimination

Blue Shield of California Promise Health Plan
Civil Rights Coordinator
601 Potrero Grande Drive
Monterey Park, CA 91755
Phone: (844) 883-2233 (TTY: 711)
Fax: (323) 889-2228
Email: BSCPHPCivilRights@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>.



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Or call the California Relay Line at 711. Visit online at
blueshieldca.com/promise/medi-cal.



Welcome to Blue Shield of California Promise Health Plan!

Thank you for joining Blue Shield of California Promise Health Plan (Blue Shield Promise). Blue Shield Promise works with L.A. Care Health Plan (L.A. Care) to provide health care for people who have Medi-Cal.

L.A. Care Health Plan (L.A. Care) works with the State of California to help you get the health care you need. L.A. Care is a local public entity. They are the largest publicly-operated health plan in the nation. L.A. Care serves people who live in Los Angeles County (called our "service area"). L.A. Care also works with four (4) Health Plan Partners (L.A. Care is also considered a "Health Plan Partner") to provide health care services to our members. When a Medi-Cal member joins L.A. Care, the member may choose to get services through any Health Plan Partner listed below as long as the plan choice is available.

- Anthem Blue Cross
- Blue Shield of California Promise Health Plan
- Kaiser Permanente
- L.A. Care Health Plan

Member Handbook

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



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of Blue Shield Promise rules and policies based on its contract with L.A. Care and Department of Health Care Services (DHCS).

If you would like to learn the exact terms and conditions of coverage, you may ask for a copy of the complete contract between Blue Shield Promise, L.A. Care, and DHCS. Call Blue Shield Promise Member Services at 1-800-605-2556 (TTY 711) or L.A. Care at 1-888- 839-9909 (TTY 711).

For an additional copy of this Member Handbook, visit the Blue Shield Promise website blueshieldca.com/promise/medi-cal, or the L.A. Care website (lacare.org) to download the Member Handbook. Call Blue Shield Promise Member Services if you would like a paper copy of the Member Handbook mailed to you.

If you would like a free copy of non-proprietary clinical and administrative policies and procedures that apply to this plan, Call Blue Shield Promise Member Services at 1-800-605-2556 (TTY 711) or L.A. Care at (888) 839-9909 (TTY 711).

Contact us

Blue Shield Promise is here to help. If you have questions, call 1-800-605-2556 (TTY 711). Blue Shield Promise is here Monday through Friday, 8 a.m. to 6 p.m. The call is toll free.

You can also visit blueshieldca.com/promise/medi-cal at any time.

Thank you,

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive
Monterey Park, CA 91755

L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017



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Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

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[blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal).

1. Getting started as a member

How to get help

Blue Shield of California Promise Health Plan (Blue Shield Promise) wants you to be happy with your health care. If you have any questions or concerns about your care, Blue Shield Promise wants to hear from you!

Member services

Blue Shield Promise member services is here to help you. Blue Shield Promise can:

- Answer questions about your health plan and covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Offer interpreter services if you do not speak English
- Offer information in other languages and formats
- Offer a new ID card replacement
- Answer questions about a bill from a provider
- Answer questions about problems you cannot resolve
- Assist with scheduling transportation

If you need help, call **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday through Friday, 8 a.m. to 6 p.m. The call is toll free.

You can also visit online at any time at blueshieldca.com/promise/medi-cal.

Who can become a member

You qualify for Blue Shield Promise because you qualify for Medi-Cal and live in Los Angeles County. If you have questions about your Medi-Cal coverage or about when you need to renew your Medi-Cal, please call your Medi-Cal case



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worker. You can also call the Los Angeles County Department of Public Social Services at 1-866-613-3777 (TTY 1-800-325-0778). You may also qualify for Medi-Cal through Social Security. If you have questions about Social Security or Supplemental Security Income, call the Social Security Administration at 1-800-772-1213.

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

Transitional Medi-Cal

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

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

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

Identification (ID) cards

As a member of Blue Shield Promise, you will get a Blue Shield Promise ID card. You must show your Blue Shield Promise ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry both health cards with you at all times.

Here is a sample Blue Shield Promise ID card to show you what yours will look like:

blue shield of california | **Promise Health Plan** | **LA Care HEALTH PLAN**

Member Name: <John Doe>
Member ID: <AJCJ12345678>

CIN: <12345678G>
Health Plan Group #: <E0001001>
Effective Date: <MM/DD/YYYY>
Rx BIN: <600428>
Rx PCN: <07810000>

<Health Care LA Line 1>
 <Health Care LA Line 2>
 <PCP Name Line 1>
 <PCP Name Line 2>
 <(555) 123-4567>
 <Address Line 1 (1234 Street)>
 <Address Line 2 (City, ST)>
 <Address Line 3 (ZIP)>

Providers: This card is for identification purposes only, and does not prove eligibility for services. Routine medical care is provided solely through Blue Shield of California Promise Health Plan providers. Please file all claims with your local BCSS licensee in whose service area the member receives services. CA Providers: Call Provider Customer Service to obtain medical and financial information prior to authorization to avoid rejection or non-payment. Non-Emergency services rendered after the medical screening examination and the services required to stabilize the condition require prior authorization payment. Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.

blueshieldca.com/promise/medical

Member Services
(800) 605-2556 (TTY: 711)
Nurse Help Line
(800) 609-4166
Transportation
(877) 433-2178
Pharmacy Help Desk
(877) 263-7410
Behavioral Health
(855) 321-2211 (TTY: 711)
 This member has limited benefits outside of the plan service area and outside of California.

If you do not get your Blue Shield Promise ID card within a few weeks of enrolling,



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

or if your card is damaged, lost or stolen, call Member Services right away. Blue Shield Promise will send you a new card for free. Call 1-800-605-2556 (TTY 711).

Ways to get involved as a member

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

Blue Shield Promise Member Advisory Committee

Blue Shield Promise has a group called the Blue Shield Promise Member Advisory Committee. This group meets quarterly and is made up of Blue Shield Promise members, Blue Shield Promise employees, providers, and health care advocates from the community members. Joining this group is voluntary. The group talks about how to improve Blue Shield Promise policies and is responsible for:

- Discussing member and health plan issues
- Talking about cultural and linguistic needs of members
- Educating and empowering the community on health care issues

If you would like to be a part of this group, call 1-800-605-2556 (TTY 711).

To learn more ways to get involved, visit Blue Shield Promise Connect! online at <https://www.blueshieldca.com/promise/members/index.asp?memSec=connect>.

L.A. Care Regional Community Advisory Committees

L.A. Care has eleven Regional Community Advisory Committees (RCAC) in Los Angeles County (RCAC is pronounced "rack"). This group is made up of L.A. Care members, providers, and health care advocates. Their purpose is to bring the voice of their communities to the L.A. Care Board of Governors, which guides health care programs to serve our members. Joining this group is voluntary. The group talks about how to improve L.A. Care policies and is responsible for:

- Helping L.A. Care understand the health care issues that impact the people who live in your area
- Acting as the eyes and ears of L.A. Care in 11 RCAC regions throughout Los Angeles County
- Providing health information to people in your community



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If you would like to be a part of this group, call (888) 522-2732. You can also find more information online at lacare.org.

L.A. Care Board of Governors meetings

The Board of Governors decides policies for L.A. Care. Anyone can attend the meetings. The Board of Governors meets on the first Thursday of each month at 2 p.m. You can find more information on Board of Governors meetings at lacare.org.



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2. About your health plan

Health plan overview

Blue Shield of California Promise Health Plan is a health plan for people who have Medi-Cal in Los Angeles County. Blue Shield Promise works with the State of California to help you get the health care you need. You may talk with one of the Blue Shield Promise member services representatives to learn more about the health plan and how to make it work for you. Call **1-800-605-2556** (TTY 711).

When your coverage starts and ends

When you enroll in Blue Shield Promise, you should receive a Blue Shield Promise member ID card within two weeks of enrollment. Please show this card every time you go for any service under Blue Shield Promise.

Your effective date of coverage is the 1st day of the month following completion of enrollment in a health plan. Check the Blue Shield Promise member ID card mailed to you for the effective date of coverage.

You may ask to end your Blue Shield Promise coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

Sometimes Blue Shield Promise can no longer serve you. Blue Shield Promise must end your coverage if:

- You move out of the county or are in prison
- You no longer have Medi-Cal
- You qualify for certain waiver programs
- You need a major organ transplant (excluding kidneys and corneal transplants)



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- You have other non-government or government-sponsored health coverage

Blue Shield Promise makes every effort to provide you with needed services.

If you are a mandatory or voluntary member, you can also be disenrolled from Blue Shield Promise, even if you do not want to leave, if:

- You take part in any fraud having to do with services, benefits or facilities of the plan
- Blue Shield Promise is not able to, for good cause, give health care services to you. Blue Shield Promise will use its best efforts to provide the needed services. If you show threatening behavior toward other members, providers, provider staff, or Blue Shield Promise staff, Blue Shield Promise may recommend that you be disenrolled from Blue Shield Promise. Threatening behavior includes:
 - Making a credible threat of violence, considered as a knowing and willful statement or course of conduct that would place a reasonable person in fear for his or her safety, and/or the safety of others; and/or,
 - Unlawful violence; and/or,
 - Harassing surveillance, also known as “stalking” which is willful, malicious, and repeated following of providers, provider staff, and/or Blue Shield Promise staff; and/or,
 - Threatening phone calls, letters, or other forms of threatening written or electronic communications directed at providers, provider staff, and/or Blue Shield Promise staff; and/or,
 - Unauthorized possession or inappropriate use of firearm, weapon, or any other dangerous device on provider and/or Blue Shield Promise premises; and/or,
 - Intentional destruction or threat of destruction of property owned, operated, or controlled by providers, health plans, and/or Blue Shield Promise.

Indian Health Services

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from Blue Shield Promise while getting health care services from these locations. American



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Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason.

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

How your plan works

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

Member Services will tell you how Blue Shield Promise works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services.

To learn more, call 1-800-605-2556 (TTY 711). You can also find member service information online at blueshieldca.com/promise/medi-cal.

Changing health plans

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

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

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

Beneficiaries that can request expedited disenrollment include, but are not



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

You may ask to leave Blue Shield Promise in person at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx. Or call Health Care Options at (800) 430-4263 (TTY 1-800-430-7077). When you change your HMO, you will get a new ID card and Member Handbook.

College students who move to a new county

If you move to a new county in California to attend college, Blue Shield Promise will cover emergency services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

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

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

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

OR

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



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residence.

Continuity of care

If you now go to providers who are not in the Blue Shield Promise network, in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your providers do not join the Blue Shield Promise network by the end of 12 months, you will need to switch to providers in the Blue Shield Promise network. You can continue to see your providers when all of the following conditions are met:

- Blue Shield Promise determines you have an existing relationship with your out-of-network provider. An existing relationship means you saw the out-of-network PCP or specialist at least once during the 12 months prior to the date of your initial enrollment with Blue Shield Promise for a non-emergency visit; and,
- Your out-of-network provider is willing to accept the higher of Blue Shield Promise's contract rates or Medi-Cal fee for service (FFS) rates; and,
- Your out-of-network provider meets Blue Shield Promise's applicable professional standards and has no disqualifying quality-of-care issues; and,
- Your out-of-network provider is a California state plan approved provider; and,
- The provider supplies Blue Shield Promise with relevant treatment information

Members, their authorized representatives, or providers may make a continuity of care request directly to Blue Shield Promise in writing or by telephone by calling Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

At any time, a member may change providers to a provider who is in the Blue Shield Promise network.

Providers who leave Blue Shield Promise

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

- **Acute Conditions:** A medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem which



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- requires prompt medical attention and has a limited duration. Continuity of care is provided for the duration of the acute condition
- **Chronic Conditions:** A medical condition, usually of slow progress and long continuance, and other than a serious chronic condition, requiring ongoing care. Continuity of care is provided for the duration of the chronic condition but shall not exceed 90 days from the contract termination date
 - **Serious Chronic Conditions:** A medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Completion of services shall be provided for the time it is necessary to complete treatment and to arrange for a safe transfer to another provider, as determined by Blue Shield Promise in consultation with the member and the nonparticipating network provider. Continuity of care is provided for the duration of the chronic condition, but shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage
 - **Pregnancy:** continuity of care is provided through the three trimesters of pregnancy (i.e., the duration of the pregnancy) and the immediate postpartum period
 - **Terminal Illness:** An individual's medical condition as certified by a physician, resulting in a prognosis of life of one year or less, if the disease follows its natural course. Completion of covered services shall be provided for the duration of the terminal illness
 - **Care of a Newborn child:** Between birth and the age of 36 months, continuity of care is provided but shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly enrolled member
 - **Performance of Surgery or Other Procedure:** Authorized by the plan as a part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 calendar days of the contract's termination date
 - **Mental Health Acute Condition:** A mental health condition that involves a sudden onset of symptoms that requires prompt mental health attention and that has limited duration. Transition period of 90 days or through the acute period of illness, whichever is shorter, to continue course of treatment with the nonparticipating mental health



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- specialist
- **Mental Health Serious Chronic Condition:** A mental health condition that is serious in nature, and requires ongoing treatment to maintain remission or prevent deterioration. Transition period of 90 days or through the acute period of illness, whichever is shorter, to continue course of treatment with the nonparticipating mental health specialist. Completion of services shall be provided for the time it is necessary to complete treatment and to arrange for a safe transfer to another provider, as determined by Blue Shield Promise in consultation with the member and the nonparticipating network provider

Blue Shield Promise does **not** provide continuity of care services if:

- The provider is unwilling to continue to treat the member or accept Blue Shield Promise's payment or other terms
- The member is assigned to a provider group, and not to an individual provider, and has continued access to providers in the contracted group
- Blue Shield Promise discontinued a contract based on a professional review action, as defined in the Health Care Quality Improvement Act of 1986 (as amended), 42 U.S.C. § 11101 et seq., or a medical disciplinary cause or reason as defined in California Business and Professions Code 805, or for fraud or other criminal activity
- Services are not covered by Medi-Cal
- Continuity of care request is for Durable Medical Equipment, transportation, other ancillary services, or carved out services

To learn more about continuity of care and eligibility qualifications, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

Costs

Member costs

Blue Shield Promise serves people who qualify for Medi-Cal. Blue Shield Promise members do **not** have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, go to "Benefits and services."

For members with a share of cost

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own



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medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by Blue Shield Promise for that month. You will not be covered by Blue Shield Promise until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any Blue Shield Promise doctor. If you are a member with a share of cost, you do not need to choose a PCP.

How a provider gets paid

Blue Shield Promise pays providers in these ways:

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

To learn more about how Blue Shield Promise pays providers, call **1-800-605-2556** (TTY 711).

Provider incentive programs:

Blue Shield Promise has provider incentive programs to improve your care and your experience with Blue Shield Promise providers. These programs help improve:

- Quality of care
- Access and availability to care and services
- Treatments provided
- Member satisfaction

To learn more about these programs, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).



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Asking Blue Shield Promise to pay a bill

If you get a bill for a covered service, call member services right away at **1-800-605-2556** (TTY 711).

If you pay for a service that you think Blue Shield Promise should cover, you can file a claim. Call **1-800-605-2556** (TTY 711) to ask Blue Shield Promise to review your claim to decide if you can get money back.



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3. How to get care

Getting health care services

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

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

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

You may choose the same PCP or different PCPs for all family members in Blue Shield Promise.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the Blue Shield Promise network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call **1-800-605-2556** (TTY 711). You can also find the Provider Directory on the Blue Shield Promise website at blueshieldca.com/promise/medi-cal.

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

Read the rest of this chapter to learn more about PCPs, the Provider Directory



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and the provider network.

Initial health assessment (IHA)

Blue Shield Promise recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

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

Take your BIC card and your Blue Shield Promise ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

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

Routine care

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

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them

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

To learn more about health care and services your plan covers, and what it



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does not cover, read Chapter 4 in this handbook.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within 48 hours. If you are outside Blue Shield Promise's service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, call your PCP. If you cannot reach your PCP, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Or you can call the Nurse Advice Line 24 hours a day, 7 days a week, including holidays at 1-800-609-4166 (TTY 711). If you need urgent care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization). If you need mental health urgent care, call the county Mental Health Plan at 1-800-854-7771 that is available 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit <https://www.dhcs.ca.gov/individuals/Pages/MHPCContactList.aspx#>. For Los Angeles County Department of Mental Health visit <https://dmh.lacounty.gov>.

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 Blue Shield Promise.

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

Examples include:

- Active labor
- Broken bone
- Severe pain, especially in the chest
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency condition



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Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the Blue Shield Promise Nurse Advice Line at 1-800-609-4166 (TTY 711) 24 hours a day, 7 days a week. The Nurse Advice Line can you need help decide whether you or your child need to see a doctor right away.

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

If you need emergency transportation, call **911**. You do not need to ask your PCP or Blue Shield Promise first before you go to the ER.

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

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

Sensitive care

Minor consent services

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

- Outpatient mental health (only minors 12 years or older) for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy
- Family planning/birth control (except sterilization)
- Sexual assault
- HIV/AIDS prevention/testing/treatment (only minors 12 years or older)
- Sexually transmitted infections prevention/testing/treatment (only minors 12 years or older)
- Drug and alcohol abuse treatment (only minors 12 years or older)



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal).

The doctor or clinic does not have to be part of the Blue Shield Promise network and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic giving these services, or for help getting to these services, you can call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). You may also call the 24/7 Blue Shield Promise Nurse Advice Line at 1-800-609-4166 (TTY 711).

Minors can talk to a representative in private about their health concerns by calling the Nurse Advice Line at 1-800-609-4166 (TTY 711).

Adult sensitive services

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

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

The doctor or clinic does not have to be part of the Blue Shield Promise network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). You may also call the Nurse Advice Line at 1-800-609-4166 (TTY 711) 24 hours a day, 7 days a week.

Advance directives

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

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

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

You have the right to learn about changes to advance directive laws. Blue Shield Promise will tell you about changes to the state law no longer than 90



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days after the change.

Where to get care

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

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

To get help with your health questions, you can also call the Blue Shield Promise Nurse Advice Line at 1-800-609-4166 (TTY 711).

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

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

Moral objection

Some providers have a moral objection to some services. This means they have a right to **not** offer some covered services if they morally disagree. If your provider has a moral objection, he or she will help you find another provider for the needed services. Blue Shield Promise can also work with you to find a provider.

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

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

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call Blue Shield Promise at Member Services at **1-800-605-2556** (TTY 711) to make sure you can get the health care services you need.



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal).

Provider Directory

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

The Blue Shield Promise Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, long-term services and supports (LTSS), Freestanding Birth Centers (FBCs), Rural Health Clinics (RHCs) and urgent care and retail health centers.

The Provider Directory has Blue Shield Promise network provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. To find out more about your provider, such as race, ethnicity, languages spoken at the provider's office, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

You can find the online Provider Directory at blueshieldca.com/promise/medi-cal.

If you need a printed Provider Directory, call **1-800-605-2556** (TTY 711).

Provider network

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

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call **1-800-605-2556** (TTY 711). For more information, go to the moral objection section of this handbook.

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



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In network

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

To get a Provider Directory of network providers, call **1-800-605-2556** (TTY 711). You can also find the Provider Directory online at blueshieldca.com/promise/medi-cal.

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

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

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

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

If you need help with out-of-network services, call **1-800-605-2556** (TTY 711).

If you are outside of the Blue Shield Promise service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call **1-800-605-2556** (TTY 711).

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

If you have questions about out-of-network or out-of-service area care, call **1-800-605-2556** (TTY 711). If the office is closed and you want help from a representative, call the Blue Shield Promise Nurse Advice Line at 1-800-609-4166 (TTY 711).



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

Delegated Model Managed Care Plans

Blue Shield Promise works with a large number of doctors, specialists, pharmacies, hospitals, and other health care providers. Some of these providers work within a network, sometimes called a “medical group” or an “independent practice association (IPA).” These providers may also be directly contracted with Blue Shield Promise.

Your primary care provider (PCP) will refer you to specialists and services that are connected with his or her medical group, IPA or with Blue Shield Promise. If you are going to a specialist already, talk with your PCP or call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Member Services will help you see that provider if you are eligible for continuity of care. For more information, go to the continuity of care section in this handbook.

Doctors

You will choose your doctor or a primary care provider (PCP) from the Blue Shield Promise Provider Directory. The doctor you choose must be a participating provider. This means the provider is in the Blue Shield Promise network. To get a copy of the Blue Shield Promise Provider Directory, call **1-800-605-2556** (TTY 711). Or find it online at blueshieldca.com/promise/medi-cal.

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

If you had a doctor before you were a member of Blue Shield Promise, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call **1-800-605-2556** (TTY 711).

If you need a specialist, your PCP will refer you to a specialist in the Blue Shield Promise network.

Remember, if you do not choose a PCP, Blue Shield Promise will choose one for you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, you do not have to choose a PCP.

If you want to change your PCP, you must choose a PCP from the Blue Shield Promise Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call **1-800-605-2556** (TTY 711).



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

Hospitals

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

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

Primary care provider (PCP)

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

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

If you do not choose a PCP within 30 days of enrollment, Blue Shield Promise will assign you to a PCP. If you are assigned to a PCP and want to change, call Blue Shield Promise Member Services at **1-800-605-2556** (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 (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the Blue Shield Promise network. The Provider Directory has a list of FQHCs and RHCs that work with Blue Shield Promise.

You can find the Blue Shield Promise Provider Directory online at



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blueshieldca.com/promise/medi-cal. Or you can request a Provider Directory to be mailed to you by calling Blue Shield Promise Member Services **1-800-605-2556** (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 he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the Blue Shield Promise 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 Blue Shield Promise member services at **1-800-605-2556** (TTY 711).

Blue Shield Promise may ask you to change your PCP if the PCP is not taking new patients, has left the Blue Shield Promise network or does not give care to patients your age. Blue Shield Promise or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If Blue Shield Promise needs to change your PCP, Blue Shield Promise will tell you in writing.

If you change PCPs, you will get a new Blue Shield Promise 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.

Appointments

When you need health care:

- Call your PCP
- Have your Blue Shield Promise ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC card and Blue Shield Promise ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- Be on time for your appointment



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

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

Payment

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

If you do get a bill, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Tell Blue Shield Promise the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by Blue Shield Promise for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary and not available in the network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a claim form with Blue Shield Promise. You will need to tell Blue Shield Promise in writing why you had to pay for the item or service. Blue Shield Promise will read your claim and decide if you can get money back. For questions or to ask for a claim form, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

Referrals

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

Other services that may require a referral include in-office procedures, X-rays, lab work, special treatments, home care, and elective admissions to a facility.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as he or she thinks you need treatment.

If you have a health problem that needs special medical care for a long time,



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you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the Blue Shield Promise referral policy, call **1-800-605-2556** (TTY 711).

You do not need a referral for:

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

Minors also do not need a referral for:

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

Pre-approval

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



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

The following services always need pre-approval, even if you receive them from a provider in the Blue Shield Promise network:

- Hospitalization, if not an emergency
- Services out of the Blue Shield Promise service area
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

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

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

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

Blue Shield Promise will contact you if Blue Shield Promise needs more information or more time to review your request.

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

Second opinions

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



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal).

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call Blue Shield Promise member services at **1-800-605-2556** (TTY 711).

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

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

If Blue Shield Promise denies your request for a second opinion, you may appeal. To learn more about appeals, go to ~~to~~ page 73 of this handbook.

Travel time and distance to care

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

If Blue Shield Promise is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used. To see Blue Shield Promise's time and distance standards for where you live, please, visit blueshieldca.com/promise/medi-cal or call Member Services at **1-800-605-2556** (TTY 711).

If you need care from a specialist and that provider is located far from where you live, you can call Member Services at **1-800-605-2556** (TTY 711) to get help finding care with a specialist located closer to you. If Blue Shield Promise cannot find care for you with a closer specialist, you can request Blue Shield Promise arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the Blue Shield Promise travel time and distance standards for your



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county, regardless of any alternative access standard Blue Shield Promise may use for your ZIP Code.

Women's health specialists

You may go to a women's health specialist within Blue Shield Promise network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call Blue Shield Promise member services at **1-800-605-2556** (TTY 711). You may also call the Blue Shield Promise Nurse Advice Line at 1-800-609-4166 (TTY 711) 24 hours a day, 7 days a week, including holidays.

Timely access to care

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



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4. Benefits and services

What your health plan covers

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

Blue Shield Promise offers these types of services:

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



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

Medi-Cal benefits

Outpatient (ambulatory) services

- ***Adult immunizations***

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

- ***Allergy care***

Blue Shield Promise covers allergy testing and treatment, including allergy desensitization, hyposensitization, or immunotherapy.

- ***Anesthesiologist services***

Blue Shield Promise covers anesthesia services that are medically necessary when you receive outpatient care.

- ***Chiropractic services***

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

The following members are eligible for chiropractic services:

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



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- ***Dialysis/hemodialysis services***

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

- ***Outpatient surgery***

Blue Shield Promise covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures require pre-approval (prior authorization).

- ***Physician services***

Blue Shield Promise covers physician services that are medically necessary.

- ***Podiatry (foot) services***

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

- ***Treatment therapies***

Blue Shield Promise covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Mental health services

- ***Outpatient mental health services***

- The Blue Shield Promise covers a member for an initial mental health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the Blue Shield Promise network without a referral.
- Your PCP or mental health provider may make a referral for additional mental health screening to a specialist within the Blue Shield Promise



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network to determine your level of impairment. You can also call Blue Shield Promise directly to assist in determining your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, Blue Shield Promise can provide mental health services for you. Blue Shield Promise covers these mental health services:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Development of cognitive skills to improve attention, memory and problem solving
- Outpatient services for the purposes of monitoring medication therapy
- Outpatient laboratory, medications, supplies and supplements
- Psychiatric consultation
- For help finding more information on mental health services provided by Blue Shield Promise, call **1-800-605-2556** (TTY 711)
- If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to receive an assessment. To learn more, go to the "*What your health plan does not cover*" on page 60.

Emergency services

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

Blue Shield Promise covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:



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- Serious risk to your health; **or**
- Serious harm to bodily functions; **or**
- Serious dysfunction of any bodily organ or part; **or**
- In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
 - There is not enough time to safely transfer you to another hospital before delivery.
 - The transfer may pose a threat to your health or safety or to that of your unborn child.
- ***Emergency transportation services***

Blue Shield Promise covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Hospice and palliative care

Blue Shield Promise covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

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

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Drugs and biological services
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a



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- hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

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

Hospitalization

- ***Anesthesiologist services***

Blue Shield Promise 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 procedures.

- ***Inpatient hospital services***

Blue Shield Promise covers medically necessary inpatient hospital care when you are admitted to the hospital.

- ***Surgical services***

Blue Shield Promise covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

Blue Shield Promise covers these maternity and newborn care services:

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



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Prescription drugs

Covered drugs

Your provider can prescribe you drugs that are on the Blue Shield Promise Medi-Cal preferred drug list subject to exclusions and limitations. The Blue Shield Promise Medi-Cal preferred drug list is called a formulary. Drugs on the formulary are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.

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

To find out if a drug is on the formulary or to get a copy of the formulary, call **1-800-605-2556** (TTY 711). You may also find the formulary at blueshieldca.com/promise/medi-cal.

Sometimes Blue Shield Promise needs to approve a drug before a provider can prescribe it. Blue Shield Promise will review and decide these requests within 24 hours.

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

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Blue Shield Promise. You can find a list of pharmacies that work with Blue Shield Promise in the Blue Shield Promise Provider Directory at blueshieldca.com/promise/medi-cal. You can also find a pharmacy near you by calling **1-800-605-2556** (TTY 711).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your Blue Shield Promise ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.



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For more information about how to get your prescription drugs, read Section 8 in this Member Handbook: Tips for Blue Shield Promise Members.

Rehabilitative and habilitative services and devices

The plan covers:

- **Acupuncture**

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

- **Audiology (hearing)**

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

- **Behavioral health treatments**

Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual.

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

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



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- ***Cancer clinical trials***

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

- ***Cardiac rehabilitation***

Blue Shield Promise covers inpatient and outpatient cardiac rehabilitative services.

- ***Cosmetic surgery***

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

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

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

- ***Enteral and parenteral nutrition***

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

- ***Hearing aids***

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



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aid.

- ***Home health services***

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

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

Blue Shield Promise covers medical supplies that are prescribed by a doctor.

- ***Occupational therapy***

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

- ***Orthotics/prostheses***

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

- ***Ostomy and urological supplies***

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

- ***Physical therapy***

Blue Shield Promise covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction,



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consultative services and application of topical medications.

- ***Pulmonary rehabilitation***

Blue Shield Promise covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

- ***Reconstructive services***

Blue Shield Promise covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

- ***Skilled nursing facility services***

Blue Shield Promise covers skilled nursing facility services as medically necessary for up to 90 days from the date of admission for each admission. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

- ***Speech therapy***

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

- ***Transgender services***

Blue Shield Promise covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Laboratory and radiology services

Blue Shield Promise covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures are covered based on medical necessity.



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Preventive and wellness services and chronic disease management

The plan covers:

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

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include some methods of birth control approved by the FDA. Blue Shield Promise's PCP and ob/gyn specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with Blue Shield Promise without having to get pre-approval from Blue Shield Promise. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call Blue Shield Promise member services at **1-800-605-2556** (TTY 711).

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and techniques include, but are not limited to:

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

Members must meet program eligibility requirements to join DPP. Call Blue Shield Promise to learn more about the program and eligibility.



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Substance use disorder services

The plan covers:

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

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services.
 - If you or your child are under 21 years old, Blue Shield Promise covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
 - Blue Shield Promise can help make appointments if assistance is needed and provide transportation to help children get the care they need.
 - Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. Blue Shield Promise covers screening services (including lead blood level assessment) any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need. Blue Shield Promise must make sure that all enrolled children get needed shots at the time of any health care visit.
 - When a problem physical or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and Blue Shield Promise is responsible for paying for the care, then Blue Shield Promise covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy
 - Physical, speech/language, and occupational therapies
 - Home health services, which could be medical equipment, supplies, and appliances



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- Treatment for vision and hearing, which could be eyeglasses and hearing aids
 - Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
 - Case management, targeted case management, and health education
 - Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.
- If the care is medically necessary and Blue Shield Promise is not responsible for paying for the care, then Blue Shield Promise will help you get the right care you need. These services include:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, which could be orthodontics
 - Private duty nursing services
- Early intervention services
 - Well-child visits are a wide-ranging set of preventive, screening, diagnostic, and treatment services. If there are concerns about how your child is developing before age 3, a doctor may refer your child to a local Early Intervention program. These programs work to prevent or reduce delays in how children develop. Early Intervention is available at no charge to you. Blue Shield Promise can help connect you to your local program. To learn more, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

Vision services

The plan covers:

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



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

For more information about vision providers, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

Non-emergency medical transportation (NEMT)

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

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

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor or a DHCS approved provider, or you are not able to physically or medically use a bus, taxi, car, or van to get to your appointment
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability
- It is approved in advance by Blue Shield Promise with a written authorization by a doctor before transportation can be scheduled

To ask for NEMT services that your doctor has prescribed, please call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711) or (877) 433-2178 (TTY 711), 24 hours a day, 7 days a week at least 1 business day (Monday-Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Transportation will also be provided for parent or guardian when the member is a minor. With written consent of a parent or guardian, Blue Shield Promise can arrange NEMT for a minor who is unaccompanied by a parent or guardian. Blue



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Shield Promise will also provide transportation for an unaccompanied minor when state or federal law does not require parental consent.

Limits of NEMT

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

What does not apply?

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

Cost to member

There is no cost when transportation is authorized by Blue Shield Promise.

Non-medical transportation (NMT)

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

- Traveling to and from an appointment for a Medi-Cal covered service
- Picking up prescriptions and medical supplies

Blue Shield Promise allows you to use a car, taxi, bus or other public/private transportation to get to your medical appointment for Medi-Cal-covered services. Blue Shield Promise provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

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

To request NMT services that your provider authorized, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711) at least 1 business day (Monday-



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal).

Friday) or 1-877-433-2178 (TTY 711) 24 hours a day, 7 days a week at least 1 business day (Monday through Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

To request NMT services that have not yet been authorized by your provider, please call Blue Shield Promise member services at 1-800-605-2556 (TTY 711) Monday through Friday, 8:00 a.m. to 6 p.m., or speak to your provider. Your provider may need to submit a form.

You may be eligible for NMT services if:

- You have no driver's license
- Have no working vehicle available in the household.
- Are unable to travel or wait for medical or dental services alone
- Have a physical, cognitive, mental, or developmental limitation.

Limits of NMT

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

What does not apply?

NMT does not apply if:

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

Cost to member

There is no cost when transportation is authorized by Blue Shield Promise.

Long-term services and supports (LTSS)

Blue Shield Promise covers these LTSS benefits for members who qualify:

- Skilled nursing facility services as approved by Blue Shield Promise



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- Home and Community Based Services as approved by Blue Shield Promise

Institutional long-term care

Blue Shield Promise covers long-term care skilled nursing facility services as medically necessary from the 91st day of admission until you are discharged.

To learn more, call **1-800-605-2556** (TTY 711).

Dental services

Medi-Cal covers some dental services, including:

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

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

Coordinated Care Initiative (CCI) benefits

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

The plan covers:

- A network of providers working together for you
- A personal care coordinator who will make sure you get the care and support you need
- A customized review of your health needs and care plan



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- Select Medi-Cal benefits such as Long Term Services and Supports
- One health insurance card
- A nurse advice line to call 24 hours a day, 7 days a week

What your health plan does not cover

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

Sometimes Blue Shield Promise does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

Specialty mental health services

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

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



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To learn more about specialty mental health services the county mental health plan provides, you can call the Los Angeles County Department of Mental Health at 1-800-854-7771 or visit <https://dmh.lacounty.gov>. To find all counties' toll-free telephone numbers online, visit <https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

Substance use disorder services

Blue Shield Promise covers screening and brief interventions by primary care providers for substance abuse. For more intensive substance use disorder services, including residential services, your PCP or mental health specialist may refer to you to Los Angeles County Substance Abuse Prevention and Control (SAPC). You do not need a referral to request services from Los Angeles County. You can call SAPC at 1-844-804-7500.

Services you cannot get through Blue Shield Promise or Medi-Cal

There are some services that neither Blue Shield Promise nor Medi-Cal will cover, including:

- Fertility testing and treatment to include, but not limited to:
 - Intrauterine insemination
 - In-vitro fertilization
 - Infertility drugs
- Experimental drugs and treatment other than cancer clinical trials
- Erectile dysfunction (ED) drugs and other ED therapies
- Read each of the sections below to learn more. Or call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

California Children's Services (CCS)

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

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. ~~Blue Shield Promise will continue to cover the types of service that do—~~



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not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

Blue Shield Promise does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

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

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

The State pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from Blue Shield Promise.

To learn more about CCS, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).



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Other programs and services for people with Medi-Cal

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

- Coordinated Care Initiative (CCI)
- Organ and tissue donation
- Health Homes Program (HHP)

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

Coordinated Care Initiative (CCI)

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

Cal MediConnect

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

Managed long-term services and supports (MLTSS)

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

To learn more about CCI, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

Organ and tissue donation

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



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Health and Human Services website at organdonor.gov.

Health Homes Program

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

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

You may qualify for HHP if:

- You have certain chronic health conditions. You can call Blue Shield Promise to find out the conditions that qualify, and you meet one of the following:
 - You have three or more of the HHP eligible chronic conditions
 - You stayed in the hospital in the last year
 - You visited the emergency department three or more times in the last year; or
 - You do not have a place to live.

You do not qualify to receive HHP services if:

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

Covered HHP services

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

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



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Cost to member

There is no cost to the member for HHP services.

Care coordination

Blue Shield Promise offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).

Care Management Program

Members living with more than one serious health condition, a chronic condition, or a condition that requires complex care may work with a Case Manager to make sure their healthcare needs are met. Help from a trained Case Manager, who help you get the care and resources you need, is free.

Call Blue Shield Promise Member Services at 800-605-2556 (TTY 711) to see if working with a Case Manager is right for you.

Health education services

Blue Shield Promise members can speak with a Health Educator who can help you set goals for your health. The Health Education department can provide:

- written materials, like health brochures, to help you learn more about your health or conditions
- referrals to wellness programs, like the Tobacco Cessation Program
- referrals to free community-based health classes and resources

Call 1-800-605-2556 (TTY 711) to speak with a Health Educator.

All health education services are at no charge to you. To learn more call **1-800-605-2556** (TTY 711).

Evaluation of new and existing technologies

Blue Shield Promise follows changes and advances in health care by studying new treatments, medicines, procedures and devices. This is also called “new technology.” Blue Shield Promise follows new technology to be sure members have access to safe and effective care. Blue Shield Promise reviews new



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technology for medical and mental health procedures, pharmaceuticals, and devices. Requests to review a new technology may come from a member, practitioner, organization, Blue Shield Promise's physician reviewers, or other staff.



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5. Rights and responsibilities

As a member of Blue Shield Promise, 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 Blue Shield Promise.

Your rights

Blue Shield Promise members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information
- To wait no more than 10 minutes to speak to a customer services representative
- To get appointments within a reasonable amount of time
- To be provided with information about the plan and its services, including Covered Services, its practitioners and providers and member rights and responsibilities
- To make recommendations regarding the organization's member rights and responsibilities policy
- To a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- To be able to choose a primary care provider within Blue Shield Promise's network
- To participate in decision making regarding your own health care, including the right to refuse treatment
- To be free from consequences of any kind when making decisions about your care
- To decide how you want to be cared for in case you get a life-



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threatening illness or injury

- To voice grievances, complaints, or appeals either verbally or in writing, about the organization or the care received
- To receive care coordination
- To request an appeal of decisions to deny, defer or limit services or benefits
- To receive oral interpretation services for their language
- To receive free written plan materials for your language
- To file a grievance or complaint if your linguistic needs are not met
- To receive free auxiliary aids and services
- To receive free legal help at your local legal aid office or other groups
- To formulate advance directives
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible
- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs
- To access Minor Consent Services
- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations Sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by Blue Shield Promise, your providers or the State
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside Blue Shield Promise's network pursuant to the federal law



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Your responsibilities

Blue Shield Promise members have these responsibilities:

- To treat your doctor, 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 your visit to cancel or reschedule
- To give correct information and as much information as you can to all of your providers and Blue Shield Promise
- To get regular check-ups and tell your doctor about health problems before they become serious
- To talk over your health care needs with your doctor, develop and agree on goals, do your best to understand your health problems, and follow the treatment plans and instructions you both agree on
- To report health care fraud or wrongdoing to Blue Shield Promise. You can do this without giving your name by calling the Blue Shield Promise Compliance Helpline toll-free at (800) 400-4889, emailing PromiseStopFraud@blueshieldca.com, or calling the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at (800) 822-6222.

NOTICE OF PRIVACY PRACTICES

A STATEMENT DESCRIBING BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

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

PLEASE REVIEW IT CAREFULLY.

You get your health care through Blue Shield California Promise Health Plan (Blue Shield Promise). By law Blue Shield Promise must safeguard your Protected Health Information (PHI). Blue Shield Promise must also give you this notice. This notice tells you how we may use and share your PHI. It tells you what your rights are. You may have additional or more stringent privacy rights under state law.

What is "Protected Health Information"?

Protected Health Information ("PHI") is health information that has your name, Social Security number, or other information that can let others know who you are. For



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

example, your health record is PHI because it has your name on it.

How We Protect Your PHI

PHI can be spoken, written, or electronic (on a computer). By law Blue Shield Promise must protect your PHI and tell you about our legal duties and privacy practices. Blue Shield Promise must tell you if there is a breach of your unsecured PHI.

Blue Shield Promise staff is trained on how to use or share PHI at Blue Shield Promise. Blue Shield Promise staff have access only to the information they need to do their job. Blue Shield Promise staff protect what they say about your PHI. For example, staff may not speak about you in common areas such as hallways. Staff also protect written or electronic documents that have your PHI.

Blue Shield Promise computer systems protect your PHI at all times. Passwords are one way to do this.

Fax machines, printers, copiers, computer screens, work stations, and portable media disks with your PHI are not shared with others who do not have access. Staff must pick up PHI from fax machines, printers, and copiers. They must make sure it is received by only those who need it. Portable media devices with PHI are password protected. Computer screens and work stations are locked when not in use. Drawers and cabinets are also locked.

Your Information is Personal and Private

Blue Shield Promise gets information about you when you join our health plan. Blue Shield Promise uses this information to give you the care you need. Blue Shield Promise also gets PHI from your doctors, labs, and hospitals. This PHI is used to approve and pay for your health care.

Changes to this Notice

Blue Shield Promise must adhere to the notice we are now using. Blue Shield Promise has the right to change these privacy practices. Any changes will apply to all your PHI, including information we had before the changes. Blue Shield Promise will let you know when we make changes to this notice.

How We May Use and Share Information About You

Blue Shield Promise may use or share your information only for health care reasons. Some of the information we use and share is:

- Your name
- Address
- Health care given to you



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- The cost of your care
- Your health history
- Language you speak
- Race/Ethnicity

By state law, Blue Shield Promise collects information about your race/ethnicity and language preference. You can feel safe providing this information as Blue Shield Promise protects your privacy and is only allowed to use or disclose it for limited purposes. We do not use such information to perform underwriting, rate setting, or determine benefits.

Here are some ways we may use and share PHI:

- **Treatment:** **Some care must be** approved before you get it. Blue Shield Promise will share PHI with doctors, hospitals and others to get you the care you need.
- **Payment:** Blue Shield Promise may send bills to other health plans or doctors for payment.
- **Health Care Operations:** Blue Shield Promise may use PHI to check the quality of your health care. Blue Shield Promise may also use PHI for audits, programs to stop fraud, planning, and day-to-day functions.

Other Uses for Your PHI

By law Blue Shield Promise may use or share some PHI.

Blue Shield Promise may use your PHI to review payment decisions or to check how well Blue Shield Promise is giving care. Blue Shield Promise may also share your PHI with people giving you health care, or with your designee.

Blue Shield Promise must share your PHI with the U.S. government when it is checking on how well Blue Shield Promise meets privacy rules.

Blue Shield Promise may share your information with other groups that help us with our work. Blue Shield Promise will not do this unless those groups agree in writing to keep your information private.

Blue Shield Promise may give out your PHI for public health reasons to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Report problems with medications and other health products
- Tell people of product recalls
- Tell a person they may be at risk for getting or spreading a disease.



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Blue Shield Promise may also tell the authorities if we think you have been the victim of abuse, neglect, or family violence. Blue Shield Promise will do this only if you agree or if required by law.

By law Blue Shield Promise can give out PHI to an oversight agency for audits, inspections, or disciplinary actions. The government uses these to monitor the health care system, government programs, and to check compliance with civil rights laws.

If you are part of a lawsuit or dispute, Blue Shield Promise may give out your PHI in response to a court order. Blue Shield Promise may also give out your PHI in response to a subpoena, discovery request, or other lawful process by someone else in the dispute. Blue Shield Promise will do this only if the person asking for it has tried to tell you about the request or if the person asking for your PHI has made reasonable efforts to get an order protecting the information.

Blue Shield Promise may give out PHI if asked by a law enforcement official:

- In response to a court order, subpoena, warrant, or summons
- To find a suspect, fugitive, material witness or missing person
- About the victim of a crime when we are not able to get the person's okay
- About a death we think may be caused by criminal conduct
- About criminal conduct at our health plan.

Blue Shield Promise may give out PHI to a coroner or medical examiner to identify a deceased person or find out the cause of death. Blue Shield Promise may give PHI to funeral directors so they can do their job.

If you are an organ donor, Blue Shield Promise may give your PHI to groups that work with organ and tissue donations.

In some cases, Blue Shield Promise may use and give out your PHI for health research. All research projects undergo a special approval process.

Blue Shield Promise may use and give out PHI to stop a serious threat to the health and safety of a person or the public. Blue Shield Promise would only give it to someone who could help stop the threat. We may also use or give out information needed for law enforcement to catch a criminal.

If you are a member of the armed forces, Blue Shield Promise may release your PHI to military authorities. Blue Shield Promise may also release information about foreign military personnel to foreign military authorities.

Blue Shield Promise may give out PHI to federal officials for national security purposes. These officials would use it to protect the President, other persons or



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heads of state, or to conduct investigations.

Blue Shield Promise may give out PHI to comply with workers' compensation or other laws.

When Written Permission is Needed

If Blue Shield Promise wants to use your PHI in a way not listed here, we must get your written okay. For example, using or sharing PHI for marketing or sales needs your written okay. If we use or share psychotherapy notes, we may also need your okay. If you give us your okay, you may take it back in writing at any time.

What Are Your Privacy Rights?

You have the right to ask us not to use or share your PHI. Blue Shield Promise will send you a form to fill out to tell us what you want. Or, Blue Shield Promise can fill out the form for you. Blue Shield Promise may not be able to grant your request. If Blue Shield Promise cannot grant your request, we will let you know.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by phone. Blue Shield Promise will send you a form to fill out to tell us what you want. Or, Blue Shield Promise can fill out the form for you. Blue Shield Promise will grant requests within reason.

You have the right to look at and get a copy of your PHI. Blue Shield Promise will send you a form to fill out to tell us what you want. Or, Blue Shield Promise can fill out the form for you. You may have to pay the costs for copying and mailing. By law Blue Shield Promise has the right to keep you from seeing some parts of your records.

You have the right to ask that your records be changed if they are not correct. Blue Shield Promise will send you a form to fill out to tell us what you want changed. Or, Blue Shield Promise can fill out the form for you. Blue Shield Promise will let you know if we can make the changes. If Blue Shield Promise cannot make the changes, we will send you a letter telling you why. You may ask that Blue Shield Promise reviews the decision if you disagree with it. You may also send a statement telling us why you disagree. Blue Shield Promise will keep your statement with your records.

You have the right to get a list of when we shared your PHI including:

- With whom Blue Shield Promise shared the information
- When Blue Shield Promise shared it
- For what reasons



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

- What information was shared

Call Member Services at 1-800-605-2556 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m. The call is toll free. Visit Blue Shield Promise online at blueshieldca.com/promise/medi-cal.

The list will cover the last six years unless you want a shorter timeframe. The list will not have information shared before April 14, 2003. The list will not include when Blue Shield Promise shares information with you, with your okay, or for treatment, payment, or health plan operations.

You have the right to ask for a paper copy of this notice. You can find this notice on the Blue Shield Promise website at www.blueshieldca.com/promise/medical. Or, you can call our Member Services Department at 1-800-605-2556 (TTY: 711).

How Do You Contact Us to Use Your Rights?

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

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive
Monterey Park, CA 91755
1-800-605-2556 (TTY: 711)

Complaints

If you think Blue Shield Promise has not protected your PHI, you have the right to complain. You may file a complaint (or grievance) by contacting us at:

Phone:

Call the Blue Shield Promise Grievance Department at (866) 820-6009 (TTY 711) between 8 a.m. to 6 p.m. Give your health plan ID number, your name and the reason for your complaint.

In writing:

Write a letter to the Grievance Department or call Blue Shield Promise at 1-800-605-2556 (TTY 711) have a grievance form sent to you. 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 letter or form to:

Blue Shield of California Promise Health Plan Member Services
Grievance Department
601 Potrero Grande Dr.



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

Monterey Park, CA 91755
(866) 699-5557 (TTY 711)

You may also contact:

U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: 1-800-368-1019
Fax: 1-415-437-8329
TTY/TDD: 1-800-537-7697
Email: ocrmail@hhs.gov

Medi-Cal Members Only:

California Department of Health Care Services
Office of HIPAA Compliance
Privacy Officer
1501 Capitol Avenue, MS0010
P.O. Box 997413
Sacramento, CA 95899-7413
Phone: 1-866-866-0602
TTY/TTD: (877) 735-2929
Fax: (916) 440-7680
E-mail: privacyofficer@dhcs.ca.gov

Use Your Rights Without Fear

Blue Shield Promise cannot take away your health care or hurt you in any way if you file a complaint or use the privacy rights in this notice.

Effective Date

Blue Shield Promise's privacy policies are effective April 14, 2003. This notice was revised and is effective on September 1, 2015 and thereafter.

Questions

If you have questions about this notice and want to learn more, please call or write us:

Blue Shield of California Promise Health Plan
601 Potrero Grande Avenue



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711).
Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free.
Or call the California Relay Line at 711. Visit online at
blueshieldca.com/promise/medi-cal.

Monterey Park, CA 91175
1-800-605-2556 (TTY: 711)

Do You Need this Notice in Another Language or Format?

To get this notice in other languages (Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, or Vietnamese), large print, audio, or other alternative format (upon request), call Blue Shield Promise's Member Services Department at 1-800-605-2556 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m.

Notice of cultural and linguistically appropriate services and data privacy

Blue Shield of California Promise Health Plan uses the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) to make sure you get the best care. The National CLAS Standards are goals for the kind of care we give you. The goals are ways we want to make your health care better. A big focus of the National CLAS standards is to make health care more equal in diverse communities like ours. Blue Shield Promise also tries to give you care and services that everyone can understand. We want you to feel respected. We want to give services that work well and equally.

Blue Shield Promise meets National CLAS Standards:

- we respond to our members' diverse cultural health beliefs and practices,
- we have materials and member services in your preferred languages,
- we try to make everyone's understanding of health care better, and
- work hard to meet your needs in member materials.

Blue Shield Promise uses race, ethnicity, and language information we get about members and providers. We use the information to figure out if there are differences in the quality of care members get. We try to provide services that are right for our members' cultures and languages. We do this to lower the chances that some members will get better care than others.

We follow rules to make sure data we get is safe. We limit access and use of race, ethnicity, and language data. The rules say who at Blue Shield Promise can use the data, and how physical and electronic data may be accessed. We do not use race, ethnicity, or language data to determine our rates or decide whether to



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cover a member's benefits.

Blue Shield Promise listens to our members. It's a big part of meeting CLAS Standards. We made a committee that examines CLAS, Blue Shield Promise members on the committee review and support our progress. To learn more about them, please call (800) 605-2556. Ask for the Quality Department. To learn more, visit <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

Notice about laws

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

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services Blue Shield Promise provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

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

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

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

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

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



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this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

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

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

Notice of Action

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



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

6. Reporting and solving problems

There are two kinds of problems that you may have with Blue Shield Promise:

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

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

You should always contact Blue Shield Promise first to let us know about your problem. Call us Monday - Friday, 8 a.m. to 6 p.m. at **1-800-605-2556** (TTY 711) to tell us about your problem. This will not take away any of your legal rights. Blue Shield Promise also will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

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

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-888-452-8609.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call Blue



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Shield Promise at **1-800-605-2556** (TTY 711) and we will help you.

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

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from Blue Shield Promise or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

- **By phone:** Call Blue Shield Promise at **1-800-605-2556** (TTY 711) Monday - Friday, 8 a.m. to 6 p.m. Give your member ID number, your name and the reason for your complaint.
- **By mail:** Call Blue Shield Promise at **1-800-605-2556** (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, member ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

Blue Shield of California Promise Health Plan
Grievance Department
601 Potrero Grande Dr.
Monterey Park, CA 91755

Your doctor's office will have complaint forms available.

- **Online:** Visit the Blue Shield Promise website. Go to blueshieldca.com/promise/medi-cal.

If you need help filing your complaint, we can help you. We can give you free language services. Call Blue Shield Promise member services at **1-800-605-2556** (TTY 711).

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call Blue Shield Promise about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the



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end of the next business day, you may not receive a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at **1-800-605-2556** (TTY 711). We will make a decision within 72 hours of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for Blue Shield Promise to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

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

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

- **By phone:** Call Blue Shield Promise at **1-800-605-2556** (TTY 711) Monday - Friday, 8 a.m. to 6 p.m. Give your name, member ID number and the service you are appealing.
- **By mail:** Call Blue Shield Promise at **1-800-605-2556** (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, member ID number and the service you are appealing.

Mail the letter or form to:

Blue Shield of California Promise Health Plan
Grievance Department
601 Potrero Grande Dr.
Monterey Park, CA 91755



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal).

Your doctor's office will have appeal forms available.

- **Online:** Visit the Blue Shield Promise website. Go to blueshieldca.com/promise/medi-cal.

If you need help filing your appeal, we can help you. We can give you free language services. Call Blue Shield Promise at **1-800-605-2556** (TTY 711)

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

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call **1-800-605-2556** (TTY 711). We will make a decision within 72 hours of receiving your appeal.

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

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

- Ask for a **State Hearing** from Department of Social Services (DSS), and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from DMHC, and an outside reviewer who is not part of Blue Shield Promise will review your case.

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

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

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



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

Independent Medical Reviews (IMR)

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

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

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

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-605-2555** 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 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 <http://www.dmhca.ca.gov> has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the DSS. A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with Blue Shield Promise and you are still not happy with the



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decision or if you have not received a decision on your appeal after 30 days, and you have not requested an IMR.

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

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

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

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

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call **1-800-605-2556** (TTY 711).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. Blue Shield Promise must follow what the judge decides.

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

Fraud, waste and abuse

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

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service

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

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

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

Send your report to:

Blue Shield of California Promise Health Plan
601 Potrero Grande Dr.
Monterey Park, CA 91755

You can report fraud, waste and abuse to us at any time by phone or online:

phone

Call the Blue Shield of California Promise Health Plan Special Investigations Unit (SIU) at 1-855-296-9083 (TTY 711).

online

email PromiseStopFraud@blueshieldca.com

You may remain anonymous or include your contact information. The SIU reviews all reports and may contact you if additional information is needed.

If you need help filing your report, we can help you. We can give you free language services. Call 1-800-605-2556 (TTY 711).



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7. Important numbers and words to know

Important phone numbers

Blue Shield of California Promise Health Plan	
Member Services	1-800-605-2556 (TTY 711)
24-Hour Nurse Advice Line	1-800-609-4166
Compliance Helpline	1-800-400-4889

L.A. Care	
Member Services	1-888-839-9909 (TTY 711).
24-Hour Nurse Advice Line	1-800-249-3619 (TTY: 711)
Compliance Helpline	1-800-400-4889
Family Resource Centers	(877) 287-6290 East L.A. (213) 438-5570 Boyle Heights (213) 294-2840 Inglewood (310) 330-3130 Lynwood (310) 661-3000 Pacoima (213) 438-5497 Palmdale (213) 438-5580

Government Resources	
Americans with Disabilities Act (ADA) Information	(800) 514-0301 (Voice) (800) 514-0383 (TDD) (619) 528-4000
U.S. Office for Civil Rights	(866) 627-7748
Social Security Administration Supplemental Social Income (SSI)	(800) 772-1213



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

Disability Services	California Relay Service (CRS) TTY: 711 Sprint (888) 877-5379 MCI (800) 735-2922
Child Health and Disability Prevention (CHDP)	(619) 692-8808
California Children's Services (CCS)	(800) 288-4584
California State Department of Health Services (DHCS)	(916) 445-4171
Los Angeles County - Department of Public Social Services (DPSS): Customer Service Center	(866) 613-3777 (TTY: 1-800-660-4026)
Los Angeles County Department of Health Services	(213) 240-8101
Los Angeles County Department of Mental Health	(800) 854-7771
Women, Infant and Children Program (WIC)	(888) 942-9675
Denti-Cal Beneficiary Services	(800) 322-6384
California Department of Social Services (CDSS)	(800) 952-5253
Medi-Cal Managed Care Office of the Ombudsman	(888) 452-8609
Department of Managed Health Care (DMHC)	(888) 466-2219 ((888) HMO-2219)
Health Care Options	Arabic (800) 576-6881 Armenian (800) 840-5032 Cambodian/Khmer (800) 430-5005 Cantonese (800) 430-6006 English (800) 430-4263 Farsi (800) 840-5034 Hmong (800) 430-2022 Korean (800) 576-6883 Laotian (800) 430-4091 Mandarin (800) 576-6885 Russian (800) 430-7007 Spanish (800) 430-3003 Tagalog (800) 576-6890 Vietnamese (800) 430-8008 TTY: (800) 430-7077



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Words to know

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

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

Appeal: A member's request for Blue Shield Promise to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A program that provides services for children up to age 21 with certain diseases and health problems.

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

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

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

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

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



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Complaint: A member's verbal or written expression of dissatisfaction about Blue Shield Promise, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and Blue Shield Promise agree.

Coordination of benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment. Blue Shield Promise members do not have to pay for covered services, unless they have a share of cost.

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

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

DHCS approved providers: Medi-Cal providers that can authorize NEMT which includes primary care physicians or specialists; physician assistants; nurse practitioners; certified nurse midwives; physical therapists; speech therapists; occupational therapists; mental health or substance use disorder providers.

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

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

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. Blue Shield Promise decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and periodic screening, diagnosis and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them



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healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

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

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

Emergency room care: An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

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

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

Excluded services: Services not covered by Blue Shield Promise; non-covered services.

Family planning services: Services to prevent or delay pregnancy.

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

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

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

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



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Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about Blue Shield Promise, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

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

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

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

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

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

Types of health care providers:

- Audiologist is a provider who tests hearing.
- Certified nurse midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor with special training in internal medicine, including diseases.



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

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

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

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

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

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



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

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

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

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

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. Blue Shield Promise is a managed care plan.

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

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

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

Member: Any eligible Medi-Cal member enrolled with Blue Shield Promise who is entitled to receive covered services.

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

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

Network: A group of doctors, clinics, hospitals and other providers contracted with Blue Shield Promise to provide care.

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



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Non-covered service: A service that Blue Shield Promise does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. Blue Shield Promise pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

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

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

Non-participating provider: A provider not in the Blue Shield Promise network.

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

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

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

Out-of-network provider: A provider who is not part of the Blue Shield Promise network.

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

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

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

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

Participating hospital: A licensed hospital that has a contract with Blue Shield



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Promise to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by Blue Shield Promise's utilization review and quality assurance policies or Blue Shield Promise'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 Blue Shield Promise to offer covered services to members at the time a member receives care.

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

Plan: Go to "Managed care plan."

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

Pre-approval (or prior-authorization): Your PCP must get approval from Blue Shield Promise before you get certain services. Blue Shield Promise will only approve the services you need. Blue Shield Promise will not approve services by non-participating providers if Blue Shield Promise believes you can get comparable or more appropriate services through Blue Shield Promise providers. A referral is not an approval. You must get approval from Blue Shield Promise.

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

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

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

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

Primary care: Go to "Routine care."

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

- You have an emergency.



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

Your PCP can be a:

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

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

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

Provider Directory: A list of providers in the Blue Shield Promise network.

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

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

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

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

Referral: When your PCP says you can get care from another provider. Some



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covered care services require a referral and pre-approval.

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

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

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

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

Service area: The geographic area Blue Shield Promise serves. This includes Los Angeles County.

Skilled nursing care: Covered services provided by licensed nurses, technicians and/or therapists during a stay in a Skilled Nursing Facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

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

Specialty mental health services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services
 - Therapeutic behavioral services
 - Intensive care coordination (ICC)
 - Intensive home-based services (IHBS)
 - Therapeutic foster care (TFC)



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- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

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

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

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



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8. Tips for Blue Shield Promise members

How to get your prescription drugs

Your doctor may give you a prescription when you are sick or have a health issue like high blood pressure or diabetes. The prescription is based on your health status.

For new prescriptions:

If you plan to fill a prescription for the first time, you must go to a pharmacy that partners with Blue Shield Promise. A list of pharmacies that work with your health plan is in Blue Shield Promise's provider directory. To find a pharmacy close to you, visit our website at blueshieldca.com/promise/medi-cal or call Member Services toll-free at (800) 605-2556 (TTY 711) Monday through Friday, 8 a.m. to 6 p.m. If you have an emergency or an urgent issue, we have staff that can help you 24 hours a day, 7 days a week. You may call (800) 605-2556 (TTY 711). You may also get an emergency supply from a pharmacy in some circumstances.

For prescription refills:

If you are refilling an existing prescription, you must go to a pharmacy that partners with Blue Shield Promise. Also, you can now get up to a 90-day supply of maintenance medication at certain local pharmacies or by mail order. To get a 90-day supply, please ask your doctor to write a prescription for a 90-day supply, with refills, for your maintenance medication. Blue Shield Promise partners with pharmacies throughout Los Angeles County to offer this service.

Mail order pharmacy:

To get up to a 90-day supply of your maintenance medications mailed to your home or work, you must use Blue Shield Promise's mail service pharmacy. Please call Member Services toll-free at (800) 605-2556 (TTY 711) to learn more. You can



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also find information about the mail service pharmacy on the Internet at <https://promise.blueshieldca.com/ca/pharmacysearch?version=2020&lob=mcal>.

Mail order is an optional service if you choose to use it.

Specialty Pharmacy:

Blue Shield Promise may require you to get some specialty drugs through our contracted specialty pharmacies who are experienced in handling specialty drugs.

- Specialty pharmacies have highly trained clinicians and staff to provide members with personalized support for their chronic illnesses and complex diseases.
- Specialty drugs are only available for up to a one-month supply due to their high cost and use.
- Specialty pharmacies will mail specialty drugs to your home.
- Specialty drugs that must be supplied by a specific specialty pharmacy are listed on the list of covered drugs, known as the formulary.
- You can find our formulary at blueshieldca.com/promise/medi-cal.
 - Go to "For Members"
 - Under Member Services on the left, click on "Pharmacy Services"
 - Our Medi-Cal Formulary is listed under "Resources"

How to get a prescription filled at the pharmacy:

1. Choose a contracted pharmacy near you.
2. Bring your prescription to the pharmacy.
3. Give the prescription to the pharmacy staff with your Blue Shield Promise member ID card. This will help the pharmacy fill your prescription.
4. Make sure you give the pharmacy your right address and phone number.
5. Make sure the pharmacy knows about all medications you are taking and any allergies you may have to any medication.
6. If you have any questions about your prescription(s), make sure you ask the pharmacist.

Medi-Cal Members should not be asked to pay for prescriptions drugs. If you are a Medi-Cal member and are asked to pay for a prescription, call Blue Shield Promise at (800) 605-2556 (TTY 711).

If you have an urgent issue, call the Blue Shield Promise Nurse Advice Line at 1-800-609-4166 (TTY 711) 24 hours a day, 7 days a week, including holidays.



Call Blue Shield Promise Member Services at **1-800-605-2556** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

What is a formulary?

Blue Shield Promise uses a list of approved drugs called a “formulary.” A committee of doctors and pharmacists reviews drugs to add or remove from the formulary every three (3) months. Drugs can be added to the formulary when they are all of the following:

- Approved by the Food and Drug Administration (FDA)
- Accepted to be safe and effective.

Your PCP usually prescribes drugs from the Blue Shield Promise formulary. Your PCP will only prescribe a drug based on your health status, and if a medication is needed to improve your health. You may call Blue Shield Promise to ask for a copy of the formulary in your language, large print, audio, or alternate format. You may also call Blue Shield Promise for a list that compares all health plan partner formularies.

Brand name/generic drugs

A generic drug has the same active ingredient as the brand name version of the drug. Generic drugs are approved by the Food and Drug Administration (FDA) and are usually more cost effective than brand name drugs. Generic medications are dispensed, unless a documented medical reason prohibits the use of the generic version or a generic drug for a brand name drug does not exist. Your doctor must contact Blue Shield Promise to get an okay to dispense a brand name drug if a generic is available.

What drugs are covered?

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the Blue Shield Promise formulary
- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the Blue Shield Promise formulary
- Formulary diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, blood glucose monitors including monitors for the visually impaired and ketone urine testing strips
- FDA-approved birth control devices, birth control pills, condoms and contraceptive jellies on the Blue Shield Promise formulary
- Emergency contraception
- EpiPens, peak flow meters and spacers



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Emergency contraception (“Plan B”)

You may get emergency contraceptive drugs from:

- Your PCP
- A pharmacy with a prescription from your PCP, if you are younger than 17 years of age
- A pharmacy without a prescription if you are 17 years of age or older
- A pharmacy not in Blue Shield Promise’s network. If this is the case, you may be asked to pay for the service. Blue Shield Promise will reimburse you for this cost.
- A local family planning clinic

Call Blue Shield Promise at (800) 605-2556 (TTY 711) for a list of pharmacies that provide emergency contraceptive drugs.

What drugs are not covered?

- Drugs from a non-network pharmacy, except drugs needed because of an emergency
- Non-formulary drugs, except with an okay from Blue Shield Promise by a prior authorization
- Drugs that are experimental or investigational in nature, except in certain cases of terminal illness. If you have been denied an experimental or investigational drug, you have the right to request an Independent Medical Review (IMR). You can learn more about this in the “Reporting and solving problems section” section of this handbook.
- Cosmetic drugs, except as prescribed for medically necessary conditions
- Drugs used for the purpose of treating erectile dysfunction and or sexual dysfunction
- Non-formulary dietary or nutritional products, except when medically necessary or for the treatment of Phenylketonuria
- Any injectable drug that is not medically necessary and not prescribed by a doctor
- Appetite suppressants, except as medically necessary for morbid obesity
- Replacement of lost or destroyed drugs no more than two (2) times each calendar year (from January to December)
- Infertility drugs
- Non-FDA approved medications
- Drugs carved out by Fee-For-Service Medi-Cal



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- Drugs that may be covered under your Medicare Part D plan or if you have another primary insurance that may cover the drug
- Compounded drugs when there is an available FDA-approved product
- Drugs used for hair loss, athletic performance, anti-aging for cosmetic purposes, and mental performance (except for mental illness or medical conditions affecting memory, including, but not limited to, treatment of the conditions or symptoms of dementia or Alzheimer's disease)
- Drugs covered by California Children's Services (CCS)

Drugs not on the formulary

Sometimes, your doctor may need to prescribe a drug that is not on the formulary. Your doctor must contact Blue Shield Promise and request prior authorization to get an okay. To decide if this drug will be covered, Blue Shield Promise may ask your provider for more information. Within 24 hours after getting the prior authorization request,

Blue Shield Promise will tell your provider and pharmacy if the drug is authorized. Blue Shield Promise and/or your provider or pharmacy will then let you know if your drug is covered or not. If the drug is approved, you can get the drug at a pharmacy that works with Blue Shield Promise. If the drug is not approved, you have the right to appeal the decision or file a grievance. An "appeal" is when you want a decision to be reviewed. You can learn more about this in the "Reporting and solving problems" section of this handbook.

How do you get medications during an emergency, after hours and holidays?

- Blue Shield Promise members have access to "24 Hour" pharmacies that work with Blue Shield Promise and are open 24 hours, 7 days a week.
- You can find a "24 Hour" pharmacy closest to you by visiting our website at blueshieldca.com/promise/medi-cal.
- Pharmacies that work with Blue Shield Promise can fill your medications any time and during an emergency.
- During an emergency your pharmacist is also authorized to dispense a three (3) day or 72-hour supply of medication to avoid interruption of your current prescribed drug therapy.

Medicare Part D: Prescription drug coverage for beneficiaries who have both Medicare and Medi-Cal

Medicare administers a federal prescription drug program called Medicare Part D. If you are a Medi-Cal beneficiary with Medicare, you will get most of



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your prescription drugs from Medicare. There are some prescription drugs that are not covered by Medicare, but are covered by Medi-Cal, that you can get through Medi-Cal. However, if you have Medi-Cal with Blue Shield Promise and Medicare Part D coverage with another health plan, your pharmacy will not be able to fill your Medicare Part D prescriptions with your Blue Shield Promise Medi-Cal coverage. Please contact your Medicare Part D Plan. Please call Blue Shield Promise for more information. To find out more about Medicare Part D and to choose a Medicare Prescription Drug Plan, call Medicare at (800) 633-4227 (TTY: 1-877-486-2048) or go online to [medicare.gov](https://www.medicare.gov).

Help in your language and for people with disabilities: How can I get help?

Written materials in your language and format

You have the right to get written information from Blue Shield Promise in any of these languages:

Spanish, Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Tagalog, Russian, Vietnamese and English. You can also get written information in large print, audio and other formats.

No-cost interpreting help

You have the right to get no-cost interpreting help when getting health care. Blue Shield Promise offers no-cost interpreting help in your language and in American Sign Language. You should use a trained interpreter at your doctor's visits. An interpreter is a person whose job is to convert a spoken or sign language into another spoken or sign language. Your doctor will understand you, and you will understand your health and take better care of yourself. Interpreters are trained professionals. They know health care words. They will interpret all that is said between you and your doctor in the right way. They will keep your talk with your doctor private. You should not use friends, family or especially children to interpret for you, except in an emergency.

Call Blue Shield Promise Member Services if you need interpreting help. We can help you in your language over the phone and make sure that you have an interpreter for your next visit:

Step 1 Make an appointment to see your doctor

Step 2 Call Blue Shield Promise at **1-800-605-2556** (TTY 711) at least ten business days before your appointment.



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Have this information handy:

- Your name
- Your plan ID number
- Date and time of your appointment
- Doctor's name
- Doctor's address and phone number

If your appointment with your doctor is changed or canceled, call Blue Shield Promise as soon as possible at **1-800-605-2556** (TTY 711).

Deaf and hard of hearing members can dial 711 using a TTY device. This number will put you in touch with the California Relay Service (CRS). Trained operators at CRS will help you get in touch with Blue Shield Promise or your doctor.

Access information for people with disabilities

Many doctors' offices and clinics offer help that make medical visits simpler. They may offer accessible parking spaces, ramps, large exam rooms, and wheelchair friendly scales. You can find doctors that offer such aid in the Provider Directory. Blue Shield Promise Member Services can also help you find a doctor who can meet your special needs.

A doctor's office, clinic or hospital cannot deny you help because you have disabilities. Call Blue Shield Promise Member Services right away if you cannot get the help you need or if it is hard to get.

Don't forget: Tell your doctor's office if you may need extra time or extra help during your visit.

Complaints

You may file a complaint if:

- You feel that you were denied help because of a disability or because you do not speak English
- You cannot get an interpreter
- You have a complaint about the interpreter
- You cannot get information in your language
- Your cultural needs are not met

You can learn more about how to file a complaint. Go to the "Reporting and solving problems" section of this handbook.



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