



Participant Handbook

San Mateo County ACE
Access and Care for Everyone

Last Updated: 07/14/2025

Our Member Services department Is Available to Help You

Call us at **1-800-750-4776** (toll free)
or **650-616-2133**

Hearing Impaired:

TTY 1-800-735-2929 or dial **7-1-1**

Monday-Friday:

Phone 8:00am-6:00pm

Office hours 8:00am-5:00pm

Large-print Request

If you would like a large-print copy of this book, please call Member Services

Privacy Statement

Health Plan of San Mateo ensures the privacy of your medical record. For questions and more information, please call Member Services.

Nuestra Unidad de Servicios al Miembro está disponible para ayudarlo

Llámenos al **1-800-750-4776** (número telefónico gratuito) o al **650-616-2133**

Miembros con dificultades auditivas:

TTY 1-800-855-3000 o marque el **7-1-1**

De lunes a Viernes:

Por teléfono 8:00am-6:00pm

Horario de oficina 8:00am-5:00pm

Solicitud de impresión en caracteres grandes

Si desea una copia de este manual en letra grande, llame al Departamento de Servicios al Miembro.

Declaración de privacidad

El Health Plan of San Mateo garantiza la privacidad de su registro médico. Si tiene alguna pregunta o desea obtener más información, llame a Servicios al Miembro.

Notice of Privacy Practices

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.

HPSM is committed to protecting your health information, which is any information about:

- Your past or present physical or mental health.
- Any payments for health services that can be identified with you as an individual.

Examples of health information include your name, date of birth, diagnoses, medical treatments, medical claims, race, ethnicity, language, gender identity and sexual orientation.

This notice summarizes HPSM's privacy practices and your rights as an HPSM member regarding your health information. It explains:

- How HPSM protects your health information in accordance with state and federal law.
- How HPSM can legally use and disclose your health information. ("Use" refers to how we share information within HPSM. "Disclose" refers to sharing information outside of HPSM.)
- How you can access your health information.

This notice only covers HPSM's privacy practices. Your provider may have different policies regarding their use and disclosure of your health information created in their office.

If you have questions about this notice, call HPSM Member Services at **1-800-750-4776**. Hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. HPSM CareAdvantage members should call **1-866-880-0606**. Hours are Monday through Sunday, 8:00 a.m. to 8:00 p.m. Members with hearing or speech impairments can call the California Relay Service (CRS) at **1-800-735-2929** or **711**.

This notice is effective as of: 10/1/2024

HPSM's legal requirements regarding health information

We are required by law to:

- Maintain security and privacy of electronic and written information, including physical, technical, and administrative procedures to prevent unauthorized access to your protected health information.
- Make sure that health information that identifies you is kept private.
- Give you this privacy practices notice.

- Follow the terms of the notice that is currently in effect.
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How we may use or disclose your health information

State and federal law allow HPSM to use and disclose our members' health information without written authorization. Below is a list of the types of health information and examples of uses and/or disclosures. It does not include every possible allowable use and disclosure. It is not intended to limit uses and disclosures that are permitted by law. However, every way we can use and disclose your health information will fall into one or another of these types.

- **Payment for health services.** We review your health information before approving payment for a treatment your provider has asked for to make sure that it is medically necessary.
- **Improving HPSM operations.** We may use members' health information to review our providers' performance and compare the quality of our services with that of other health plans.
- **Care management.** Sharing your health information with your providers allows us to review your treatments and medications to make sure they do not conflict with each other.
- **Resource referrals.** We may identify and recommend HPSM benefits, services and/or programs based on your health information.
- **Contractors who assist in our operations.** Contractors agree to keep health information confidential and secure, and to only use it to assist us. For example, we contract with a "Pharmacy Benefit Manager" and provide them with the information they need to pay our members' pharmacy claims.
- **Health insurance program sponsors.** Employers and other organizations contract with HPSM so that we can provide health care services and pay claims. They agree to keep health information confidential and secure, and to only use it to assist us. If you have a plan sponsor, we may notify them when you enroll in or disenroll from our plan. We may also disclose your health information so the sponsor can audit HPSM's performance.
- **Family members or individuals involved in your care or payment for your care.** We may release your health information to family members or others who pay for your health care. We would do this if it is necessary to enable them to pay for your care or make decisions about your care. We only disclose your health information if you are present and agree to it, except when:
 - Your medical condition prevents you from making decisions and we believe that disclosing your information would be in your best interest.

- After your death (unless you tell us beforehand not to share your information).
- **Schools.** A school may be legally required to have proof of immunization for a student enrolling or enrolled in the school. In those cases, we may provide the school with that student's immunization record.

Special Situations

We disclose health information about you:

- **When required by federal, state or local law.**
- **To avoid a serious threat to your health and safety or the health and safety of others.** We would only disclose the information to someone who can help prevent the threat.
- **If you are a member of the armed forces or a veteran** as required by military authorities or to assist in determining your eligibility for veteran's benefits
- **If you are in custody of a correctional institution** as part of coordinating your care.
- **To programs that provide workers compensation** and other benefits for work-related injuries or illness.
- **For public health activities,** such as:
 - Preventing or controlling disease, injury or disability.
 - Reporting child abuse or neglect.
 - Reporting births or deaths.
 - Reporting reactions to medications or problems with products.
 - Notifying you of recalls of products you may be using.
 - Notifying you if you may have been exposed to a disease or may be at risk for contracting or spreading a disease.
 - Notifying the appropriate government authority if we believe you are the victim of abuse, neglect or domestic violence. We will only disclose this if you agree or when authorized by law.
- **To health oversight agencies** for activities authorized by law. For example, we may disclose your health information to the public agency responsible for overseeing HPSM's operations. These activities are necessary to enable the government to monitor the health care system and government health benefit programs.
- **For lawsuits and disputes** if ordered by a court, tribunal, subpoena or other lawful process. We only do this after unsuccessful efforts to notify you of the request or obtain an order protecting the information requested.

- **To law enforcement officials** in limited circumstances (i.e., if the official requests it or to report criminal conduct). Generally, this would have to be in connection with a criminal investigation, court order, warrant or legally authorized national security activity.
- **To assist in a military mission** or other governmental activity related to intelligence, national security or protecting the President.
- **To coroners, medical examiners and funeral directors** so they can perform their duties after members are deceased.
- **To organ transplant organizations** working on organ or tissue transplantation for the purposes of facilitating a transplant.
- **50 years after death.** We may disclose the health information of members who are deceased to any agency after the member has been deceased for at least 50 years.
- **To disaster relief organizations.** If you do not want us to disclose your information for disaster relief, you have the right to prevent such sharing.

The previous examples are all subject to the prohibitions and conditions we explain below related to reproductive health care.

Legal limitations

We comply with laws that may limit or prevent the disclosures listed above. For example:

- There are special limits on disclosing health information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment.
 - We will not use or disclose the records we receive subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless we have your written consent or a court order, after notice and an opportunity to be heard in court is provided to you. Any court order we receive for a use or disclosure of these records must be accompanied by a subpoena or other legal obligation before we may use or disclose the record.
- Information about race, ethnicity, language, gender identity and sexual orientation cannot be used in underwriting, rate setting, denial of services, coverage and benefit determinations.
- We cannot sell your information.

Authorization

Other than the situations described above, we do not allow use and disclosure of your health information without your written permission or authorization. For example, we may use and share health information about you for research purposes only if we have your

authorization. Your decision to grant us an authorization will not affect your medical treatment, health plan benefits, payment for treatment or enrollment eligibility. You have the right to revoke your authorization even after you have signed an authorization for use or release of your health information. In that case, we would no longer use or disclose your health information for that purpose. However, we cannot reverse any disclosures we made during the time we had your permission to do so.

- **Uses and disclosures related to reproductive health care.** Unless we have received an authorization from you, we are prohibited from disclosing your health information when the request is made by someone other than you or your personal representative for either of the following activities (“Prohibited Purposes”):
 - To conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided.
 - The identification of any person for the purpose of conducting such investigation or imposing such liability.

For example, we may receive a subpoena requesting a member’s records, and the subpoena was issued in a case seeking to prosecute a provider for prescribing a medication that could terminate a pregnancy or impact fertility, or to prosecute a member for taking such medication. In that situation, if the prescription or ingestion of that medication was lawful under the circumstances, we are prohibited from providing any PHI in response to the request.

If we receive a request for records from someone other than you or your personal representative, and the requested records contain PHI that potentially relates to reproductive health care, we are required to obtain an attestation from the requestor if the request is for any of the following purposes:

- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Disclosures to coroners and medical examiners

The attestation must include specific information about the request, a statement that the request is not for any of the Prohibited Purposes, a statement that an individual signing an attestation known to be false is subject to criminal penalties under federal law, and it must be signed by the requestor. We are prohibited from responding to requests that require an attestation if the attestation does not meet all legal requirements.

For example, we may receive a subpoena requesting a member’s records from state law enforcement officials related to the criminal prosecution of an individual accused of submitting false claims to insurance companies, unrelated to reproductive health care. While the purpose of the investigation is not a Prohibited Purpose, the records requested contain PHI potentially related to reproductive health care, such as claims paid for

pregnancy-related conditions. In that situation, we will require the law enforcement official to provide a valid, signed attestation before we will respond to the request.

Even where we receive a valid attestation, we will still ensure that the request satisfies all requirements under federal law before we disclose any PHI

Note that there is a potential that information disclosed to third parties may no longer be protected by HIPAA, and those third parties could re-disclose your information.

Your rights regarding your health information

You have the right to:

- **Get a paper copy of this privacy notice.** You can also get this notice on our website at www.hpsm.org/privacy-policy.
- **Assign someone to represent you.** You can give someone medical power of attorney, which allows that person to act on your behalf and make choices about your health information. This right also applies if you have a legal guardian. We will take reasonable steps to confirm that anyone who claims to represent you has this authority before we take any action.
- **Request restrictions or limits on the use or disclosure of your health information.** In your request, you must tell us:
 - What health information you want to limit.
 - Whether you want to limit our use of information, disclosure of information, or both.
 - To whom you want the limits to apply.
- **Control information about sensitive services you receive.** Sensitive services include mental health counseling, reproductive health services, sexually transmitted disease services, sexual assault services and drug treatment. Those who are of the age and capacity to consent to these services are not required to get anyone's authorization to get them or submit a claim on their behalf.

Request confidential communications. You have the right to request that we contact you about medical matters (including sensitive services) privately and with special handling. We will then not give your specified information to anyone without your written permission.

- You can ask us to send communications about medical matters or sensitive services to another mailing address, email address or telephone number that you choose. If you do not provide another contact method, we will send communications to you at the address or telephone number we have on file.
- We will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for.
- Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

- We will not ask you for the reason for your request. While we will make every effort to accommodate reasonable requests, we are not required to agree to requests. If we do agree, we will comply unless the information is needed to provide you with emergency treatment.

To request confidential communications or special handling in the way you are contacted, you must mail a written request to HPSM's Privacy Officer.

- **An accounting of disclosures.** You have the right to request a list of disclosures that we made of your health information. The list does not include some disclosures, such as those made for your treatment, payment for your care, and our operations. It also does not include most other disclosures that we are required or permitted to make without your authorization (such as governmental agencies that review our programs or disclosures you authorize us to make). To request an accounting of disclosures, mail a written request to HPSM's Privacy Officer. Your request must only include dates within the last six years of the date of your request. .

Mail written requests to HPSM's Privacy Officer at:
 Health Plan of San Mateo
 Attn: Privacy Officer
 801 Gateway Boulevard, Suite 100
 South San Francisco, California 94080

- **Access your health information.**
- Subject to certain exceptions, you have the right to view or get a copy of your PHI that we maintain in records relating to your care or decisions about your care or payment for your care. To request a copy summary, or explanation of this health information, mail a written request to HPSM's Privacy Officer. We may charge a reasonable, cost-based fee.
- In limited situations, we may deny some or all of your request to access these records, but if we do, we will tell you why in writing and explain your right, if any, to have our denial reviewed. by someone other than the person who denied your request. We will comply with the outcome of the review.
- **Receive notice of a breach.** A breach is when protected health information is obtained, used or revealed in a way that violates relevant privacy laws. We are required to send you a notice that explains:
 - What happened.
 - The types of information involved in the breach.
 - Steps you should take to protect your information.
 - What HPSM is doing to investigate the situation, minimize harm to you and prevent future breaches.
- **Amend incorrect or incomplete health and claims records.** You have the right to request an amendment for as long as we maintain the information. A written comment will then be added to your health information at HPSM. To request an amendment, mail a written request to HPSM's Privacy Officer specifying the inaccurate or incorrect health information and reason or evidence that supports your request.

- If we deny your request to amend your health information, we will tell you why and explain your right to file a written statement of disagreement. You must clearly tell us in writing if you want us to include your statement in future disclosures we make of that part of your record. We may include a summary instead of your statement.

To learn more about your privacy rights, visit the California Department of Health Services website at www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx.

You will be notified of changes to this notice

We reserve the right to change this notice then make it effective for all health information we already have about you as well as any we receive in the future. We will notify you of changes to this notice by mail within 60 days of the changes. We will also post a copy of the most current notice on our website at www.hpsm.org/privacy-policy.

How to file a grievance regarding your privacy rights

If you believe your privacy rights have been violated, you may file a grievance with HPSM. You will not be penalized for filing a grievance. You may also contact the U.S. Department of Health and Human Services to file a complaint.

Health Plan of San Mateo Attn: Grievance and Appeals Unit 801 Gateway Blvd., Suite 100 South San Francisco, CA 94080 1-888-576-7557 or 650-616-2850	Secretary of the U.S. Department of Health and Human Services Office of Civil Rights Attn: Regional Manager 90 7th St., Suite 4-100 San Francisco, CA 94103 1-800-368-1019 or (TTY) 1-800-537-7697	California Department of Health Care Services Attn: Privacy Officer c/o Office of Legal Services 1501 Capitol Avenue P.O. Box 997413, MS0010 Sacramento, CA 95899-7413 1-916-445-4646 or 1-866-866-0602
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NONDISCRIMINATION NOTICE

Discrimination is against the law HPSM follows State and Federal civil rights laws. HPSM does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

HPSM provides:

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

If you need these services, contact HPSM Member Services between Monday through Friday, 8:00 a.m. to 6:00 p.m. by calling 1-800-750-4776. If you cannot hear or speak well, please call TTY 1-800-735-2929 or 7-1-1. Upon request, this document can be made available to you in braille, large print, electronic or audio format. To obtain a copy in one of these alternative formats, please call or write to:

Health Plan of San Mateo
Attn.: Member Services
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080
1-800-750-4776 or 650-616-2133
TTY/TDD:1-800-735-2929 7-1-1

HOW TO FILE A GRIEVANCE

If you believe that HPSM has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with HPSM. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact between Monday through Friday, 8:00 a.m. to 6:00 p.m. by calling **1-800-750-4776**. Or, if you cannot hear or speak well, please call TTY **1-800-735-2929** or dial **7-1-1**.

- In writing: Fill out a complaint form or write a letter and send it to:

Health Plan of San Mateo
Attn.: Civil Rights Coordinator
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

- In person: Visit your doctor's office or HPSM and say you want to file a grievance.
- Electronically: Visit HPSM's website at grievance.hpsm.org

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

- By phone: Call 916-440-7370. If you cannot speak or hear well, please call 7-1-1 (Telecommunications Relay Service).
- In writing: Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at www.dhcs.ca.gov/Pages/Language_Access.aspx

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

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

- In writing: Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you need help in your language call 1-800-750-4776 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-750-4776 (TTY:1-800-735-2929). These services are free of charge.

1-800-750-4776 يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ (Arabic) الشعار بالعربية . تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة (TTY: 1-800-735-2929) . هذه الخدمات مجانية. 1-800-750-4776 (TTY: 1-800-735-2929) بطريقة بريـل والخط الكبير. اتصل بـ

հայերեն (Armenian): Ուժեղագույն խոսքով: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-750-4776 (TTY:1-800-735-2929): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-750-4776 (TTY: 1-800-735-2929): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian): ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-750-4776 (TTY:1-800-735-2929)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាភាសាសរសេរជាអក្សរព្រុំស សម្រាប់ជនពិការឆ្នែក ឬភាសាសរសេរជាអក្សរព្រុំស ក៏អាចបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-750-4776 (TTY: 1-800-735-2929)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中國人 (Chinese): 请注意：如果您需要以您的母语提供帮助，请致电 1-800-750-4776 (TTY: 1-800-735-2929)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-750-4776 (TTY:1-800-735-2929)。这些服务都是免费的。

(Farsi) 1-800-750-4776 توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با مطلب به زبان فارسی تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و (1-800-735-2929) تماس بگیرید. این (1-800-750-4776 (TTY:1-800-735-2929) چاپ با حروف بزرگ، نیز موجود است. با خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-750-4776 (TTY: 1-800-735-2929) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-750-4776 (TTY:1-800-735-2929) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong): CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-750-4776 (TTY:1-800-735-2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-750-4776 (TTY: 1-800-735-2929). Cov kev pab cuam no yog pab dawb xwb.

日本(Japanese): 注意日本語での対応が必要な場合は 1-800-750-4776 (TTY:1-800-735-2929)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-750-4776 (TTY:1-800-735-2929)へお電話ください。これらのサービスは無料で提供しています

한국인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-750-4776 (TTY:1-800-735-2929) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-750-4776 (TTY: 1-800-735-2929) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Lao): ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃ 1-800-750-4776 (TTY:1-800-735-2929). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນພູນແລະມີໂຕພິມໃຫຍ່ໃຫ້ໂທຫາເບີ 1-800-750-4776 (TTY: 1-800-735-2929). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien: LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-750-4776 (TTY: 1-800-735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-750-4776 (TTY:1-800-735-2929). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

Português (Portuguese): ATENÇÃO: se precisar de ajuda em seu idioma, ligue para 1-800-750-4776 (TTY: 1-800-735-2929). Auxílios e serviços para pessoas com deficiência, como documentos em braille e letras grandes, também estão disponíveis. Ligue para 1-800-750-4776 (TTY: 1-800-735-2929). Tais serviços são gratuitos.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-750-4776 (TTY:1-800-735-2929). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-750-4776 (TTY: 1-800-735-2929)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-750-4776 (TTY:1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-750-4776 (линия 1-800-735-2929). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-750-4776 (TTY: 1-800-735-2929). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-750-4776 (TTY:1-800-735-2929). Estos servicios son gratuitos.

Tagalog: ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-750-4776 (TTY:1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-750-4776 (TTY:1-800-735-2929). Libre ang mga serbisyong ito.

แบบไทย (Thai): โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-750-4776 (TTY:1-800-735-2929) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-750-4776 (TTY:1-800-735-2929) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

українською (Ukrainian): УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-750-4776 (TTY:1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-750-4776 (TTY:1-800-735-2929). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-750-4776 (TTY:1-800-735-2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-750-4776 (TTY:1-800-735-2929). Các dịch vụ này đều miễn phí.

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**The San Mateo County Access and Care for Everyone
(San Mateo County ACE) Program**
*A San Mateo County Coverage Initiative Managed by
the Health Plan of San Mateo*
The San Mateo County ACE Participant Handbook

Introduction

Using this Handbook

This handbook contains detailed information about the San Mateo County ACE Program benefits. It explains how to use your medical benefits, and your rights and responsibilities as a San Mateo County ACE Participant. Please read this handbook carefully and keep it on hand for future reference.

Welcome to San Mateo County ACE Program

The County of San Mateo and the Health Plan of San Mateo (HPSM) are very pleased to welcome you to the San Mateo Access and Care for Everyone (San Mateo County ACE) Program. The San Mateo County ACE Program is a coverage program provided by the County of San Mateo, which is committed to providing health care coverage to uninsured residents of the county. **The San Mateo County ACE Program is not insurance.** This means that certain rules that apply to standard health insurance plans do not apply to the San Mateo County ACE Program.

As a San Mateo County ACE Participant, you have access to the broad range of services that are described in this handbook. But there are several rules you will have to follow in order for your services to be covered. You can read about these rules throughout this handbook.

There is an important rule about which providers you can use, and where your services are covered. **You must receive your services in San Mateo County from a San Mateo County ACE Provider. If you receive services outside of San Mateo County—even if they are emergency services—they will not be covered by the San Mateo County ACE Program,** except when they are approved in advance by HPSM. This means that the San Mateo County ACE Program will not pay for those services, and you will be responsible for paying for them.

San Mateo County has asked HPSM to manage the benefits you receive under the San Mateo County ACE Program. Because of this, most of the information you receive about the San Mateo County ACE Program will come from HPSM. You can contact HPSM if you have any questions or concerns about your San Mateo County ACE Program coverage.

About Health Plan of San Mateo

The Health Plan of San Mateo is located at 801 Gateway Blvd., Suite 100, South San Francisco, CA 94080. If you need help or want more information, call the Health Plan of San Mateo and ask to speak to a Member Services Representative at **1-800-750-4776** or **650-616-2133**.

Member Services staff is available by phone from 8:00 a.m. to 6:00 p.m. Monday through Friday. Our office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.

Multilingual Services

If you or your representative prefer to speak in a language that is not English, call us at **1-800-750-4776** or **650-616-2133**. ACE Participants with hearing or speech impairments can use TTY **1-800-735-2929** or dial **7-1-1** (California Relay Service) to speak with an HPSM Member Services Representative.

- HPSM staff speaks several languages including Spanish, Tagalog, Mandarin and Cantonese.
- Interpreter services are available by phone (through use of telephone interpreters) free of charge 24 hours per day.
- You do not have to use family members, friends, or children as interpreters. We recommend that you use professional interpreters so that you can discuss your health care issues with the help of someone trained to interpret medical information in your language.
- You can see doctors who speak your language. Section 5 has information about languages spoken in each clinic, clinic locations, and hours available for appointments, including evening and weekend hours. A Member Services Representative can help you choose a clinic if you need help or have questions.
- San Mateo County ACE Program documents are available in Spanish. Please call the Member Services Department if you would like information in Spanish.
- Sign language interpreters are also available. You do not have to use family members, friends, or children as interpreters. We recommend that you use professional interpreters so that you can discuss your health care issues with the help of someone trained in sign language interpretation.

This handbook, as well as other informational material, is available in Spanish. To request Spanish materials, please email HPSM Member Services at MemberServicesSupport@hpsm.org or call **1-800-750-4776** or **650-616-2133**. ACE Participants with hearing or speech impairments can use the California Relay Service (CRS) at TTY **1-800-735-2929** or dial **7-1-1**. For California Relay Service in Spanish call **1-800-835-3000**.

ACE Participant Identification Card

All San Mateo County ACE Participants are given an ACE Participant Identification (ID) Card. This card has important information regarding your medical benefits. Please show your San Mateo County ACE

Participant Identification Card to your provider when you receive medical care or pick up prescriptions at the pharmacy. If you have not received a card or if you have lost your ACE Participant Identification Card, please call HPSM Member Services. We will send you a new card.

You can call HPSM Member Services at **1-800-750-4776** or **650-616-2133**. ACE Participants with hearing or speech impairments can use our TTY line, **1-800-735-2929**, or dial **7-1-1** (the California Relay Service).

You are the only person authorized to obtain medical services using your ACE Participant Identification Card. If you let someone else use your ACE Participant Identification Card, you may lose your eligibility to participate in the San Mateo County ACE Program. If another individual uses your card, that individual will be billed for the services he or she receives.

ACE ID: This is the San Mateo County ACE Participant identification number assigned to you by HPSM.

EFF (EFFECTIVE) DATE: This date shows when the information on this card becomes effective.

NAME: This person is eligible to receive benefits under the San Mateo County ACE Program.

PCP: This is your Primary Care Provider clinic site.

DOB: This is your date of birth.

CO-PAY: These are the amounts that you will need to pay for certain benefits, usually at the time of an appointment. In general, there is a \$15 charge for all appointments that you have with a doctor (DR) and a \$7 charge for each prescription (RX) that you have filled. Please see Section 8 for co-payments for other services.

Section 1 Definitions

Acute Condition

A medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration.

Appeal

A written or verbal request for HPSM to rethink and change a decision to deny an authorization for a requested service. The ACE Participant or the ACE Participant's representative may file an Appeal.

Appropriately Qualified Health Care Professional

A physician or specialist who is acting within his or her scope of practice and who possesses a clinical background, including training and expertise, related to a particular illness, disease, condition or conditions.

Authorization

The requirement that certain services be approved by HPSM, your primary care provider, or the San Mateo Medical Center before being provided in order to be a covered service.

Co-payment

A fee, which the San Mateo County ACE Provider will collect directly from an ACE Participant, for a particular covered benefit at the time the service is provided.

Covered Services

The services, supplies, and drugs that the San Mateo County ACE program covers for eligible ACE Participants, as described in this handbook.

A service, supply, or drug is not a benefit if it is not medically necessary or if it is not provided by a San Mateo County ACE Provider, or with authorization as required.

Coverage Period

The period of time that is covered by your participation fee, during which you are eligible to receive services under the San Mateo County ACE program. The Coverage Period generally lasts 12 months from your effective date of participation, but may be shortened if you qualify for another program.

Emergency

An emergency is a medical or psychiatric condition, including Active Labor or severe pain, manifesting itself by acute symptoms of a sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Placing the ACE participant's health in serious jeopardy, or
- Causing serious impairment to the ACE participant's bodily functions, or
- Causing serious dysfunction of any of the ACE Participant's bodily organs or parts.

Exclusion

Any medical, surgical, hospital or other treatment or benefit for which the program offers no coverage.

Experimental or Investigational Service

Any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supplies that are not recognized as being in accordance with generally accepted professional medical standards, or if safety and efficacy have not been determined for use in the treatment of a particular illness, injury or medical condition for which it is recommended or prescribed.

Formulary

A list of brand-name and generic prescription drugs approved for coverage and available from HPSM for the San Mateo County ACE Program. Note: The San Mateo County ACE Program formulary has a different list of drugs than those included on other HPSM formularies.

Grievance

A written or verbal complaint regarding the plan or a provider that is not an Appeal. A Grievance shall include complaints and disputes, including quality of care concerns, made by an ACE Participant or the ACE Participant's representative. Where the plan is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.

Hospital

A health care facility licensed by the State of California, and accredited by the Joint Commission on Accreditation of Health Care Organizations, as either:

- a) an acute care hospital;
- b) a psychiatric hospital; or
- c) a hospital operated primarily for the treatment of alcoholism and/or substance abuse.

A facility that is primarily a rest home, nursing home or home for the aged, or a distinct part skilled nursing facility portion of a hospital is not included.

Inpatient

An individual who has been admitted to a hospital as a registered bed patient and receives covered services under the direction of a physician.

Medically Necessary

Those health care services or products that are:
provided in accordance with professionally recognized standards of practice;
determined by the treating physician to be consistent with the medical condition; and
provided at the most appropriate type, supply and level of service which considers the potential risks, benefits and alternatives.

Non-ACE Provider

Any provider that is not listed as a San Mateo County ACE Provider in the Provider List located in Section 5. Any service provided by a Non-ACE Provider must be authorized by HPSM for the service to be covered.

Non-formulary Drug

A drug that is not listed on the San Mateo County ACE Formulary and requires an authorization from HPSM in order to be covered.

Orthotic Device

A support or brace designed for the support of a weak or ineffective joint, muscle, or to improve the function of movable body parts.

Outpatient

Services provided under the direction of a physician that do not incur overnight charges at the facility where the services are provided.

Out-of Area Services

Care provided outside San Mateo County, including emergency care and urgent care. These services are not covered under the San Mateo County ACE Program. This means that if you receive such services, you will be billed because the San Mateo County ACE Program will not pay for them.

Participant

A person who joins the San Mateo County ACE Program. In this handbook, an ACE Participant is also referred to as “you.”

Participant Identification Card

The identification card provided to ACE Participants by HPSM that includes the ACE Participant identification number, Primary Care Provider Clinic information, and important phone numbers.

Participation Fee

The \$360 fee that is required for an ACE Participant to be covered under the San Mateo County ACE program. This fee may be waived for ACE Participants who meet the income and eligibility requirements for receiving Fee Assistance.

Pharmacy Benefits Manager (PBM)

A third-party administrator of a health plan’s prescription drug program that is mainly responsible for authorizing and processing prescription drug claims. PBMs assist the health plan with development and maintenance of drug formularies, contract with pharmacies, and negotiate discounts and rebates with drug manufacturers. HPSM’s PBM is Argus, Inc.

Plan or HPSM

Health Plan of San Mateo.

Primary Care Provider (PCP) Clinic

The clinic selected by the ACE Participant from the San Mateo County ACE Provider list to provide your basic care. The PCP clinic will assign an individual general practitioner, family practitioner, or internist to oversee each ACE Participant’s primary care and to refer, authorize, supervise and coordinate the provision of benefits to ACE Participants in accordance with the

ACE Participant Handbook. Nurse

practitioners and physician assistants associated with a contracted Primary Care Provider

clinic sites are available to ACE Participants seeking primary care. Your provider at your PCP clinic site is always the first provider you should see and must set up referrals for Specialist care if needed.

Prosthetic Device

An artificial device used to replace a body part.

Provider

A physician, hospital, skilled nursing facility or other licensed health professional, licensed facility or licensed home health agency.

San Mateo County ACE Physician

A doctor of medicine or osteopathy who provides a service covered under the San Mateo County ACE Program. The doctor is licensed in the state or jurisdiction of practice, and practices within the scope of his or her license. Doctors are either employed or contracted by a San Mateo County ACE Provider.

San Mateo County ACE Provider

A clinic, hospital, or pharmacy that is listed as a San Mateo County ACE Provider in the Provider list located in Section 5. Services provided by a San Mateo County ACE Provider may be obtained without prior authorization, unless otherwise noted in this Handbook.

San Mateo County ACE Provider List

The listing of all the San Mateo County ACE Providers available to provide services to ACE Participants without prior authorization under the San Mateo County ACE Program.

Service Area

San Mateo County is the designated Service Area for the San Mateo County ACE Program.

Skilled Nursing Facility

A facility licensed by the California State Department of Health Services as a "Skilled Nursing Facility" to provide a level of inpatient nursing care that is not of the intensity required of a hospital.

Specialist Physician

A physician who provides services to an ACE Participant within the range of his or her designated specialty area of practice. Physicians are specialty board certified or specialty board eligible. A primary care provider usually refers an ACE Participant to a Specialist. For a Specialist Physician visit to be covered under the San Mateo County ACE program, the Specialist Physician must be employed or contracted by a San Mateo County ACE Provider, or the visit must receive prior authorization from HPSM.

Terminal Illness

An incurable or irreversible condition that has a high probability of causing death within one (1) year or less.

Urgent Care

Services needed to prevent serious deterioration of an ACE Participant's health resulting from unforeseen illness or injury for which treatment cannot be delayed.

Section 2 ACE Participant Rights and Responsibilities

As a San Mateo County ACE Participant, you have the right to:

- Be treated with respect and dignity.
- Choose your Primary Care Provider Clinic from the list of eligible Primary Care Provider Clinics in our San Mateo County ACE Provider List (see page 19).
- Participate in honest discussions and decisions about your health care needs, including appropriate or medically necessary treatment options for your condition(s), regardless of cost and regardless of whether the treatment is covered by San Mateo County ACE.
- Have a confidential relationship with your San Mateo County ACE Providers.
- Have your records kept confidential. This means we will not share your health care information without your written approval or unless it is permitted by law.
- Voice your concerns about the San Mateo County ACE Program, HPSM, or the health care services you received, to HPSM.
- Receive information about HPSM, San Mateo County ACE Program services and San Mateo County ACE Providers.
- Make recommendations about your rights and responsibilities.
- See your medical records.
- Request an interpreter at no charge to you.
- Use interpreters who are not your family members or friends.
- File a Grievance if your linguistic needs are not met.

Your Responsibilities are to:

- Give your San Mateo County ACE Providers and HPSM correct information.
- If applicable, pay your participation fee in full over the course of a coverage period.
- Understand your health problem(s) and participate in developing treatment goals, as much as possible, with your San Mateo County ACE Provider.
- Always present your San Mateo County ACE Participant Identification Card when getting services.
- Make and keep medical appointments and inform your provider at least 24 hours in advance when you need to cancel an appointment.
- Ask questions about any medical condition and make certain you understand your provider's explanations and instructions.
- Help HPSM and San Mateo County ACE Providers maintain accurate and current records by providing timely information regarding changes in address, family status, and other health care coverage.
- Notify HPSM as soon as possible if a provider bills you inappropriately or if you have a complaint.
- Treat all HPSM personnel and San Mateo County ACE Providers and staff respectfully and courteously.
- Cooperate fully with the Medi-Cal application process if potentially eligible for Medi-Cal.

Section 3 Accessing Care

Physical Access

HPSM has made every effort to ensure that our offices are accessible to the disabled. Offices and facilities of San Mateo County ACE Providers are also required to be accessible to the disabled based on federal guidelines and contracts between the provider sites and San Mateo County. If you are not able to locate an accessible San Mateo County ACE Provider, please call us toll free at **1-800-750-4776** or **650-616-2133** and we will help you find an alternate provider.

Access for the Hearing Impaired

The hearing impaired may contact us through the California Relay Service at **1-800-735-2929** (TTY) or dial **7-1-1**. For California Relay in Spanish call **1-800-835-3000**. Sign language interpreters are also available for your doctor visits. You do not have to use family members, friends, or children as interpreters.

Access for the Vision Impaired

This ACE Participant Handbook and other important plan materials will be made available in large print for the vision impaired. For alternative formats or for direct help in reading the ACE Participant Handbook and other materials, please call us at **1-800-750-4776** or **650-616-2133**.

Access for Non-English Speakers

If you or your representative prefer to speak in a language that is not English, call us at **1-800-750-4776** or **650-616-2133**.

- HPSM staff speaks several languages including Spanish, Tagalog, Mandarin and Cantonese.
- You can see doctors who speak your language. Section 5 has information about languages spoken in each clinic, clinic locations, and hours available for appointments, including evening and weekend hours. A Member Services Representative can help you choose a clinic if you need help or have questions.
- Interpreter services are available by phone (through use of telephone interpreters) free of charge 24 hours per day. You do not have to use family members, friends, or children as interpreters.
- San Mateo County ACE Program documents are available in Spanish. Please call the Member Services Department if you would like information in Spanish.

The Americans with Disabilities Act of 1990

HPSM complies with the Americans with Disabilities Act of 1990 (ADA). This Act prohibits discrimination based on disability. The Act protects ACE Participants with disabilities from discrimination concerning program services. In addition, section 504 of the Rehabilitation Act of 1973 states that no qualified disabled person shall be excluded, based on disability, from participation in any program or activity which receives or benefits from federal financial assistance, nor be denied the benefits of, or otherwise be subjected to discrimination under such a program or activity.

If you believe HPSM or San Mateo County ACE Providers have failed to respond to your disability access needs, you may file a grievance with HPSM by calling **1-800-750-4776** or **650-616-2133**.

Using HPSM

Choosing a Primary Care Provider Clinic

Section 5 lists the providers and facilities available to you under the San Mateo County ACE Program. It also lists addresses, telephone numbers, and languages spoken at each provider site.

Your Primary Care Provider (PCP) clinic is your main clinic where you will receive most of your health care services. You can choose your PCP clinic from the list provided in Section 5. Each PCP clinic will assign you to a specific clinician at the facility. This clinician may be a general practitioner, a family practitioner, an internist, or in some cases an OB/GYN doctor. If you want to choose a specific nurse practitioner or physician assistant, select the PCP clinic where he or she works.

Clinics with linked pharmacies

If you choose any of the following clinics, your pharmacy services will be linked either to a clinic's pharmacy services or to specific pharmacy locations. Your prescriptions and refills will be accepted only at these clinics' indicated linked pharmacy services: North East Medical Services Clinic, Coastside Clinic, Ravenswood Family Health Center.

If you have not yet selected your Primary Care Provider clinic site, here are some ideas to help you choose. Questions to think about before you choose a Primary Care Provider clinic site:

- Does the clinic have a doctor I like?
- Is the clinic close to my home, work or school?
- Is the clinic easy to get to by public transportation?
- Do the doctors and/or office staff speak my language?
- What are the clinic's hours?
- Do I live close to the pharmacy that is linked to the clinic?

You and your PCP clinic work as a team to keep you healthy. It is best to stay with the same PCP clinic, so that the clinic and staff can get to know your health care needs. If you change clinics often, your health care may not be as good as it could be. The PCP clinic you choose will provide, authorize and coordinate your health care, except for emergency services. Most of your health care needs can be addressed at your PCP clinic, including preventive services.

You will choose a Primary Care Provider clinic when you enroll in the San Mateo County ACE Program. Working with your PCP clinic is the key to your health care. You may be able to get a referral to a Specialist from your PCP clinic when needed. However, you may need to go into your PCP clinic before your visit to a Specialist can be authorized. To receive more information before you select a PCP clinic, you can call the clinic directly. The HPSM Member Services Department can also give you information to help you pick a PCP clinic.

Scheduling Appointments

Once you become eligible for the ACE program, call your Primary Care Provider (PCP) clinic

site and make an appointment. The best time to learn about your PCP clinic is not when you are sick, but when you are feeling well.

Initial Health Exam

All new San Mateo County ACE Participants are encouraged to make an appointment at their Primary Care Provider clinic site for an initial health examination when they join the San Mateo County ACE Program.

The first appointment is important. It's a time to get to know your clinic and review your health status. The doctor or nurse you see at the clinic will help you understand your medical needs and advise you about staying healthy. Call your PCP clinic for an appointment today.

Changing Your Primary Care Provider Clinic

If you are not able to establish a good relationship with your PCP clinic, either you or your clinic has the right to ask for a change. For example, if you miss many appointments, do not follow medical advice, or are disruptive or abusive, your PCP clinic may request that you select a new clinic. If you are not satisfied with the treatment or service you receive at your PCP, you may select a new clinic. The Member Services Representative may ask the reason for your change. If you decide to choose a different PCP clinic, we will do our best to meet your request.

A PCP selection or choice may not be granted in the following situations:

The PCP clinic you request is accepting established patients only (EPO) and you have not used the PCP clinic before;

The provider's practice is full; or

You have been removed from the PCP clinic in the past.

A PCP clinic change will be effective the first day of the following month, if we receive the change by the 22nd day of the month.

Please note: A new ACE Participant ID Card will be mailed to you with the name of your new PCP clinic. Your new ID Card will show the date your PCP change is effective. Please continue to use the PCP clinic listed on your current ACE ID Card for all of your health care needs until the effective date of change. If you do not receive a new ID Card within ten (10) days or have questions about the effective date of change, please call a Member Services Representative at 1-800-750-4776 or 650-616-2133.

Using HPSM's Nurse Advice Line

HPSM has a free Nurse Advice Line that you can call 24 hours a day, 7 days a week. When you are ill or injured, our trained registered nurses can assess your condition and give you advice about taking care of yourself at home. They can also tell you whether you should follow up with a regular appointment with your doctor, seek urgent care, or go immediately to the nearest hospital for emergency treatment.

HPSM's Nurse Advice Line is not a substitute for your regular doctor, but it can provide useful health information when you need it. Call 1-866-535-6977 to speak to an advice

nurse at any time of the day or night. Calls to the Nurse Advice line are free of charge.

Prior Authorization for Services

The staff at your Primary Care Provider clinic will coordinate your health care needs and, when necessary, will arrange specialty services for you. In some cases, HPSM must authorize the specialty services before you receive the services. This includes, but is not limited to, all cases in which you want to see a provider who is not a San Mateo County ACE Provider. Your PCP clinic will obtain the necessary referrals and authorizations for you.

If you see a specialist or receive specialty services before you receive the required authorization, you may be responsible to pay for the cost of the treatment. If HPSM denies a request for medical services, HPSM will send you a letter explaining the reason for the denial and how you can appeal the decision if you do not agree with the denial.

Referrals to Specialists

Your PCP clinic may decide to refer you to a physician who is a specialist to receive care for a specific medical condition. A written referral authorized by HPSM is not required if the service is provided by a San Mateo County ACE Provider, unless noted otherwise in Section 8. Your PCP will speak to you about referring you to a San Mateo County ACE Provider as a specialist. For referrals to non-San Mateo County ACE Providers, see Section 5.

Utilization Review

Prior Authorization Request

Some medical services and some medications need a type of approval called prior authorization from HPSM. Prior authorization means HPSM and your doctor agree that the services that are needed are medically necessary for your treatment. Your doctor will send a form called a Prior Authorization Request to HPSM. This is a request for a service or treatment that needs prior authorization from HPSM. When HPSM receives the Prior Authorization Request, it is reviewed by our medical staff (doctor, nurse, and/or pharmacy staff) for approval. When we review the Prior Authorization Request we use current clinical guidelines that meet state and national standards to help make the decision.

Most Prior Authorization Requests are approved but in some cases they may be modified, denied, or deferred (postponed). When a Prior Authorization Requests is denied, that means it has not been approved for the service or treatment that your doctor requested. If your Prior Authorization Requests is not approved, you and your doctor will get a letter explaining why it was denied. The letter will also explain your right to appeal the decision and how to appeal the decision.

If a Prior Authorization Requests is deferred, that means we need more information from your doctor to decide if the service or treatment can be approved. You will receive a notice of action letter to let you know that we have requested additional information from the provider in order to approve the Prior Authorization Requests. If we do not receive the requested information from the provider within 21 calendar days, we will send a final

reminder letter to the provider again requesting the additional information. If after 7 more days we still do not receive the requested information, we will deny the TAR for administrative reasons.

We respond to all Prior Authorization Requests sent to HPSM within five (5) working days. If a Prior Authorization Requests is urgent we will respond to it within three (3) business days.

Requested services are reviewed for medical necessity, level of care, appropriateness of site and length of time (e.g., for a hospitalization). Criteria and guidelines used to review Prior Authorization Requests are developed with input from practicing health care providers and national guidelines and are consistent with sound clinical principles and processes. Criteria and guidelines are evaluated at least annually and updated as necessary. HPSM can provide you with guidelines or criteria used for a Prior Authorization Requests decision. Please remember that these are specific to requested treatments and services, the benefits covered under the San Mateo County ACE Program, and individual need.

Based on the diagnosis information provided in the Prior Authorization Requests, HPSM may determine that your condition may be covered by other health programs such as Medi-Cal. HPSM will inform your provider that you should be referred to Medi-Cal for eligibility determination. If this occurs, you will be notified by someone from the San Mateo County Health Coverage Unit.

Obtaining a Second Opinion

Sometimes you may have questions about your illness or your provider's recommended plan of care. You may want to get a second opinion.

To get a second opinion, you should speak to your doctor. If your doctor agrees that a second opinion is needed, he/she may refer you to another doctor at the San Mateo Medical Center. Referrals for second opinions to providers outside of the San Mateo Medical Center require prior authorization.

Section 4 Getting Pharmacy Benefits

Prescriptions

The San Mateo County ACE program includes pharmacy benefits that cover prescription medications that are part of your medical care. The pharmacies that will fill prescriptions and do refills for participants in the ACE program are listed in Section 5. When you go to these pharmacies you need to show your San Mateo County ACE Participant ID card. Please refer to Section 5 (ACE Provider List) for instructions on which pharmacies you can use to get your medications.

Refills

If you take medications on a regular basis, do not wait to finish a prescription before getting a refill. Some medications may need a new prescription from your doctor before it can be refilled. Do not go to the emergency room to refill your medication. The emergency room is not a pharmacy and will not be able to give you the medication refill you need. You need to plan ahead and submit all refill requests to your pharmacy.

Over-The-Counter/Non-Prescription Drugs

Some over-the-counter medications may be covered by the San Mateo County ACE program if you have a doctor's prescription, and they are medically necessary. Remember to talk with your doctor about any over-the-counter drugs you may be using.

The San Mateo County ACE Formulary

The San Mateo County ACE Program has a list of medications that are covered by your pharmacy benefit. This list is called a drug Formulary. If you would like to know which medications are on the San Mateo County ACE Formulary, visit our website, www.hpsm.org, or call a Member Services Representative at **1-800-750-4776** or **650-616-2133** for a copy.

The San Mateo County ACE Formulary lists all covered medications by either the generic name (if one exists) or brand-name. Please note that your doctor will decide which of the drugs on the formulary to prescribe for a particular condition.

Generic Equivalent Drugs

The San Mateo County ACE pharmacy benefit generally covers generic medications when they are available instead of brand-name medications. Generics work in the same way as the brand-name medication. Generic medications are approved by the U.S. Food and Drug Administration (FDA) as being equivalent to the brand-name medication. You can see the list of available generic medications that are covered in the San Mateo County ACE Formulary

In some cases, you may receive a brand-name drug instead of the generic drug. This is because your pharmacy may be able to purchase the drug at a lower cost than the

generic drug. Keep in mind that this does not mean that you will get a brand-name drug every time you need to fill a prescription. The drug you are given will depend on the cost to the pharmacy.

Because brand-name drugs and generic drugs work in the same way, whichever drug you are given should meet your medical needs.

Brand-name Medications Requested by your Doctor

If your doctor believes a brand-name medication that is not on the San Mateo County ACE Formulary must be provided, he or she may write "Dispense as Written" (DAW) or "Do Not Substitute" on the prescription. The pharmacist will then contact HPSM to see if a Prescription Drug Prior Authorization Request Form (PA) is required. If a PA is required, the pharmacist will submit a request by phone or by fax to HPSM for review. A brand name drug will only be approved if there is a medically necessary reason to do so.

Non-Formulary Drugs

San Mateo County ACE Providers and pharmacies are responsible for using the San Mateo County ACE Formulary. If a drug is prescribed that is not on the San Mateo County ACE Formulary, the pharmacist will call the doctor to request a change to a Formulary medication. If the substitution of a Formulary medication is not approved by the requesting doctor, the pharmacist or doctor must submit a Prescription Drug Prior Authorization Request Form (PA) form to HPSM for the Non-Formulary medication with medical justification. The pharmacist or doctor may phone or fax a PA to HPSM. If the PA is approved based on criteria developed by HPSM staff pharmacists and Medical Director, and with the San Mateo Medical Center staff, then the non-formulary medication will be given as written. If there is not enough information on the PA form to decide whether the medication requested meets the criteria, then the PA will be sent to an HPSM medical director for review and follow-up.

The average time to process a request for a Non-Formulary medication PA is three (3) working days. More time may be needed to process the request if the PA is incomplete or more information is needed. If you have any questions about a request for a Non-Formulary medication, please talk to your doctor.

Patient Assistance Programs (PAP)

When you are seen by a specialist physician, and he/she prescribes a specialty medication (usually a high cost specialized prescription medication) there may be an opportunity for you to qualify for the drug manufacturer's Patients Assistance Program (PAP). You would need to apply for the PAP, and if approved by the PAP, you may be able to get the prescription medication at a very low or at no cost to you. Talk to your doctor or specialist to get more information and how to apply for the PAP.

Availability of Drugs for Off-Label Usage

All medications covered by your HPSM Pharmacy benefit must be approved by the U.S. Food and Drug Administration (FDA). The FDA decides how the medication can be

used. A drug company must prove to the FDA that the medication is safe and effective in treating specific conditions, and the conditions must be clearly listed on the medication label.

There may be a need for you to use a medication for a condition that is not on the medication label. This is called off-label usage. HPSM allows doctors to prescribe medication for off-label use if you have a life-threatening condition, or if you have a condition that is chronic and likely to cause serious long-term problems. The medication can only be used when there is enough medical information to support using the medication for the off-label condition. In addition, a medication prescribed for off-label use requires a PA for approval.

If you have any questions about being treated with an off-label drug, please talk to your doctor.

Evening, Weekend or Holiday Prior Authorization Submissions

HPSM pharmacists review will review PAs during HPSM office hours, 8:00 a.m. to 5:00 p.m., Monday through Friday only. They do not do reviews on weekends or holidays. In urgent situations that arise on weekends or holidays, the pharmacy may give you up to a three-day supply of medication to allow time to receive HPSM's decision the next business day. The pharmacy can call the pharmacy call center managed by HPSM's pharmacy benefit manager at 1-866-441-2422 for an emergency override. A one-time fill may be granted.

Changes in Formulary Medications

If you are taking a medication that is dropped from the San Mateo County ACE Formulary, and your doctor chooses to continue to prescribe the medication, the San Mateo County ACE Program will provide coverage for the medication for up to 90 days. An approved PA will be required for continued use of non-formulary drugs beyond 90 days.

Deferred, Modified or Denied PAs

If your request for a medication is deferred (postponed), modified, or denied, a "Notice of Action" letter will be sent to you. The Notice of Action letter will explain the reason it was deferred, modified, or denied and provide information on how you may file an appeal with HPSM about the decision.

Section 5 San Mateo County ACE Provider List

The ACE program will cover the costs of your medical care received only at the clinics listed in this section, and at San Mateo Medical Center (SMMC). If you need services from a medical professional that is not contracted with an ACE clinic or SMMC, you need to get a prior authorization from HPSM before receiving services.

Primary Care Provider Clinics and Pharmacies

Below is the list of San Mateo County ACE Primary Care Provider (PCP) clinics that are available to you and the pharmacies that will accept prescriptions covered by the ACE program. You need to choose one clinic for your assigned PCP clinic. Your assigned PCP clinic is the main clinic where you receive most of your health care. If you want to change your assigned PCP clinic, you need to call HPSM Member Services.

San Mateo Medical Center (SMMC) Clinics and Pharmacy Network

If you are assigned to a PCP clinic that is part of the SMMC clinic network (Daly City Clinic, Fair Oaks Health Center, 39th Avenue Clinic, South San Francisco Clinic), you can go to any pharmacy that is in the pharmacy network for SMMC clinics. This does not apply to patients assigned to SMMC Coastside clinic, Ravenswood Clinic or North East Medical Services (NEMS).

SMMC Primary Care Provider Clinics	
Daly City Clinic 380 90 th Street Daly City, CA 94015 Phone: 650-301-8600 Provider Languages: Spanish, Tagalog Staff Languages: Spanish, Tagalog Hours: M-F 8:00 a.m.–5:00 p.m.	39th Avenue Clinic 222 West 39 th Avenue San Mateo, CA 94403 Phone: 650-573-3702 Provider Languages: Spanish Staff Languages: Spanish Office Hours: 8:30 a.m.-4:30 p.m.
Fair Oaks Health Center 2710 Middlefield Road Redwood City, CA 94063 Phone: 650-578-7141 Provider Languages: Spanish Staff Languages: Spanish Hours: M-F 7:45 a.m.–5:00 p.m.	South San Francisco Clinic 306 Spruce Avenue, 2 nd Floor South San Francisco, Ca 94080 Phone: 650-877-7070 Provider Languages: Spanish Staff Languages: Spanish, Tagalog Hours: M-F 8:00 a.m.–4:00 p.m.

SMMC Pharmacy Network	
<p>Anchor Drugs 161 South Spruce Avenue South San Francisco, CA 94080 Phone: 650-360-5300 Staff Languages: Arabic, Portuguese, Spanish Pharmacy Hours: M-F 9:00 a.m.–7:00 p.m. Sat 9:00 a.m.-4:00 p.m.</p> <p>San Mateo Medical Center Pharmacy 222 West 39th Avenue San Mateo, CA 94403 Phone: 650-573-2233 Pharmacy Hours: M-F 8:00 a.m.–7:00 p.m. Weekends and Holidays 8:00 a.m. – 4:30 p.m.</p> <p>Safeway Pharmacy Redwood City 1071 El Camino Real Redwood City, CA 94063 Phone: 650-306-1902 Pharmacy Hours: M–Th 9:00 a.m.–8:00 p.m. F-SUN 9:00 a.m. -5:00 p.m.</p>	<p>Safeway Pharmacy, Menlo Park 525 El Camino Real Menlo Park, CA 94025 Phone: 650-847-2905 Pharmacy Hours: M–F 9:00 a.m.–5:00 p.m. SAT 9:00 a.m.–7:00 p.m. SUN 10:00 a.m.–6:00 p.m.</p> <p>Safeway Pharmacy, San Mateo 1655 El Camino Real San Mateo, CA 94402 Phone: 650-341-3305 Pharmacy Hours: M–F 9:00 a.m.–8:00 p.m. Weekends 9:00 a.m.–5:00 p.m.</p>

PCP Clinics with Linked Pharmacies

If you are assigned to North East Medical Services, SMMC Coastside Clinic or Ravenswood Family Health Center, your prescriptions will be accepted only at the linked pharmacy (s) noted for these clinics. You cannot take your prescriptions to a pharmacy that is not linked to your PCP clinic

Primary Care Provider Clinic	Linked Pharmacy (s)
North East Medical Services (NEMS) 211 Eastmoor Avenue Daly City, CA 94015 Phone: 650-550-3923 Provider Languages: Mandarin, Burmese, Taiwanese Staff Languages: Cantonese, Mandarin, Vietnamese Office Hours: M–F 8:30 a.m.–12:00 p.m. & 1:00 p.m.–5:00 p.m.	North East Medical Services 211 Eastmoor Avenue Daly City, CA 94015-2036 Phone: 650-757-1431 Staff Languages: Cantonese, Mandarin, Vietnamese Pharmacy Hours: M-F 8:45 a.m.–12:15 p.m. & 1:15 p.m.–5:00 p.m.
SMMC Coastside Clinic 225 South Cabrillo Highway #100A Half Moon Bay, CA 94019 Phone: 650-573-3941 Provider Languages: Spanish Staff Languages: Spanish Office Hours (Primary Care): M–W 8:00 a.m.–5:00 p.m. TH 8:00 a.m. –8:00 p.m. F 8:00 a.m.–5:00 p.m. SAT: 8:00 a.m.–4:00 p.m...	CVS Drugs, Half Moon Bay 60 Cabrillo Hwy North Half Moon Bay, CA 94019 Phone: 650-726-6684 Pharmacy Hours: M-F 8:00 a.m.–9:00 p.m. SAT 9:00 a.m.–6:00 p.m. SUN 10:00 a.m.–5:00 p.m. Half Moon Bay Pharmacy 40 Stone Pine Road #1 Half Moon Bay, CA 94019 Phone: 650-726-5542 Pharmacy Hours: M-TUE 9:00 a.m.–7:00 p.m. WED 9:00 a.m.–8:00 p.m. TH-F 9:00 a.m.–7:00 p.m. SAT 9:00 a.m.–2:00 p.m.
Ravenswood Family Health Center 1885 Bay Road East Palo Alto, CA 94303 Phone: 650-330-7400 Provider Languages: French, Spanish Staff Languages: Spanish, Tongan Office Hours: Monday, Wednesday, 8:00 a.m.–7:00 p.m. Thursday Tuesday 9:30 A.M.–7:00 p.m. Friday 8:00 a.m. to 5:00 p.m. Saturday 8:00 a.m.–1:00 p.m.	Ravenswood Family Health Center 1885 Bay Road East Palo Alto, CA 94303 Phone: 650-330-7457 Pharmacy Hours: M, W, TH 8:00 a.m.–7:00 p.m. TU 9:30 a.m.–7:00 p.m. F 8:30 a.m.–5:30 p.m. 1 st , 2 nd and 3 rd SAT: 8:00 a.m.–1:00 p.m. 4 th SAT 1:00 p.m.–7:00 p.m.

Referrals to Non-ACE Providers

Your doctor at your PCP clinic or at the San Mateo Medical Center can refer you to a specialist that is not an ACE provider. However, your doctor must ask HPSM for approval of the referral and it must be approved before you receive services. If HPSM does not approve a referral to a non-ACE provider, you will be billed and may have to pay the costs for services you receive from a non-ACE provider.

San Mateo Medical Center Hospital

The San Mateo Medical Center (SMMC) is the only hospital provider in the San Mateo County ACE program. This means that services from other hospitals in San Mateo County and outside of the county, including emergency services, will not be covered by the ACE program. You will be billed and may have to pay the costs for services. Services from other hospitals may be covered only with a prior authorization received from HPSM, before receiving services.

San Mateo Medical Center

222 West 39th Avenue
San Mateo, CA 94403
Phone: 650-573-2222

Section 6 Urgent and Emergency Care

Getting Urgent Care

Urgent Care services are services needed to prevent serious deterioration of your health resulting from an unforeseen illness, an injury, prolonged pain, or a complication of an existing condition, including pregnancy, for which treatment cannot be delayed. **The San Mateo County ACE Program only covers Urgent Care if you receive it from a San Mateo County ACE Provider.** On your first visit, talk to your provider at your PCP clinic about what he or she wants you to do when the office is closed and you feel Urgent Care may be needed.

To obtain Urgent Care when you are in San Mateo County on nights and weekends, if you have an urgent medical problem, call your PCP clinic, even during the hours that the clinic is normally closed. Your PCP clinic or a doctor on call will always be available to tell you how to handle the problem at home or if you require Urgent Care. If you require Urgent Care, you can go to the San Mateo Medical Center. If your doctor thinks you need Emergency services instead of Urgent Care, you should go to the nearest hospital emergency room. **Even though the San Mateo County ACE Program will not cover your services,** the hospital or emergency room you go to should have programs to help with the cost of your care. If you have Restricted Medi-Cal coverage, then emergency services may be covered.

Problems that may be urgent but are not Medical Emergencies are problems that can usually wait for treatment without getting worse such as:

- An earache
- A mild cough or cold
- A small cut or scrape
- Mild fever or rash
- Mild diarrhea
- A sprain or strain
- Throwing up (once or twice)
- Medicine refill

The San Mateo County ACE Program does not cover urgent care when you are outside of San Mateo County, or if you receive urgent care from a Non-ACE Provider. If you are outside San Mateo County, contact your PCP clinic for advice on how to handle your condition.

Emergency Health Care Services

An emergency is a medical or psychiatric condition, including active labor or severe pain, manifesting itself by acute symptoms of a sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Placing the ACE Participant's health in serious jeopardy, or
- Causing serious impairment to the ACE Participant's bodily functions, or
- Causing serious dysfunction of any of the ACE Participant's bodily organs or parts.

Examples include:

- Broken bones

- Chest pain
- Severe burns
- Fainting
- Drug overdose
- Paralysis
- Severe cuts that won't stop bleeding
- Psychiatric emergency conditions

If you have a Medical Emergency, call 9-1-1 or go to the nearest emergency room. Emergency services are not covered when you are outside of San Mateo County. Emergency services are only covered

at the San Mateo Medical Center. In addition, the San Mateo County ACE Program does not cover services related to active labor, even if they are provided by a San Mateo County ACE Provider, or emergency psychiatric services. Other programs may cover these services. Please see Linkages to Other Programs on page 39 for more information.

When you have a Medical Emergency, call 9-1-1 or go to the closest emergency room for help. **Even though the San Mateo County ACE Program will not cover your services**, the hospital or emergency room that you go to should have programs to help with the cost of your care.

What to Do If You Are Not Sure If You Have an Emergency

If you are not sure whether you have a Medical Emergency or require Urgent Care, contact your PCP clinic for advice. You can also call HPSM's Nurse Advice Line 24 hours a day, 7 days a week at **1-866-535-6977**. Our trained registered nurses can assess your condition and tell you whether you should go to an emergency room or seek urgent care, or if you should follow up with a regular appointment with your doctor. They can also give you advice about taking care of yourself at home. Calls to HPSM's Nurse Advice Line are free of charge.

Follow-up Care

After receiving any Emergency or Urgent Care services, you will need to call your PCP clinic for follow-up care.

Non-Covered Services

The San Mateo County ACE Program does not cover medical services that are received in an Emergency or Urgent Care setting for conditions that are not emergencies or urgent if you reasonably should have known that an emergency or urgent care situation did not exist. You will be responsible for all charges related to these services, even if they are provided by a San Mateo County ACE Provider.

Section 7 Participation Rules and ACE Participant Financial Responsibilities

Participation Rules

You will be enrolled in the San Mateo County Program.

Participation in the San Mateo County ACE Program is generally for twelve (12) months at a time, starting from your effective date. You should have discussed your effective date with your application assistor when you signed up for the San Mateo County ACE Program.

If you want to continue with the San Mateo County ACE Program after your twelve (12) months are over, you have to go through the renewal process. This means that you will be screened to make sure you still meet all the rules for staying on San Mateo County ACE. You will be notified in writing by the San Mateo County Health Coverage Unit about your renewal. To renew your coverage, you must apply in person with an application assistor. For more information on the renewal process, you can contact Health Coverage Unit staff at your PCP clinic or call the Health Coverage Unit Hotline at 650-616-2002. Please be sure to start your renewal process early so that you do not have any gaps in coverage.

There may be times when you may be disenrolled from the San Mateo County ACE Program before your full twelve (12) months have passed. This may happen in the following cases:

- You move out of San Mateo County;
- You become eligible for full-scope Medi-Cal, Medi-Cal Share-of-Cost, Medicare, or another publicly sponsored insurance program;
- You get private insurance coverage; or
- You no longer meet eligibility criteria upon being rescreened.

There may be other reasons for being disenrolled as well. If you are disenrolled before the twelve (12) months have passed, you will be notified in writing, including a clear reason for disenrollment.

Participation Fee

The San Mateo County ACE Program has an annual non-refundable Participation Fee of \$360. You must pay this Participation Fee to get benefits under the San Mateo County ACE Program.

If you pay the full \$360 upfront, you will receive three San Mateo County ACE Bucks. San Mateo County ACE Bucks are certificates you can use to pay for your co-payments, which are described below.

If you cannot pay the full amount of the Participation Fee up-front, or you do not want to, you can pay the \$360 fee in smaller monthly payments. Every month, HPSM will send you an invoice that shows the amount that you still have to pay. You can also request ACE Fee Assistance, which will reduce the amount of your ACE Participation Fee. You can get a form from Health Coverage Unit staff at your Primary Care Provider clinic location or from your

community application assistor. You may also contact the Health Coverage Unit at 650-616-2002. If you are approved for ACE Fee Assistance, you will still be required to pay co-payments at each visit.

If you have questions about the Participation Fee, please call HPSM's Member Services Department at **1-800-750-4776** or **650-616-2133**.

Your Costs under the San Mateo County ACE Program

You are required to pay a portion of the cost of your services. Usually, this is a small amount called a co-payment. Your charges are listed in Section 8 for each service under the label "co-payment." Please look at the co-payment amounts carefully.

The co-payment is paid at the time that you receive services. For some services, you may be able to receive the service without paying the co-payment right away. In these cases, you can pay later.

For inpatient hospital stays and same-day surgeries, in addition to your co-payment, the County will pursue estate recovery from your estate for the balance of the cost of the hospital stays or same-day surgeries. This balance will be billed to your estate at a discounted rate. This means that the County will file a claim on your estate when you pass away to cover those costs. Regardless of what is owed, the County will never collect more than the assets owned by the participant at the time of his/her death. If you want to avoid estate recovery, you may arrange a payment plan with the San Mateo Medical Center's Billing for the balance of these costs. For more information, call San Mateo Medical Center Billing at **650- 573-2525**.

If you have questions about your co-payments, please speak with your provider. The San Mateo Medical Center will bill you for your ACE co-payments. Co-payments must be paid to your provider, not HPSM.

Limit for ACE participant costs

The total amount in out-of-pocket costs that you are required to pay for your benefits is limited to \$1,000 per benefit year. This includes the \$360 annual ACE participant fee and a maximum amount of \$640 in copayments you pay for doctor visits, prescriptions, and other health care services. When you reach this maximum amount of out-of-pocket expenses (called MOOP), you no longer have to make copayments for the remainder of your ACE program benefit year. You need to keep track of your copayments and add them to your annual fee to know when you have reached the limit of \$1,000 in out-of-pocket expenses.

Other Payment Responsibilities

Generally, the only payment you have to make for covered services is the required co-payment. But there are situations for which you will be responsible for paying for your services. This includes cases when:

- you receive services from a non-ACE Provider without obtaining a referral or authorization;
- you receive services outside of San Mateo County;

- you receive services that are not covered services; or
- you receive services that exceed your benefit limit.

There may be other cases when you may be financially responsible. If you have questions, please call HPSM's Member Services Department at **1-800-750-4776** or **650-616-2133**.

Section 8 San Mateo County ACE Program Benefits

Description of Benefits, Conditions And Exclusions

San Mateo County ACE Participants should read the following descriptions of the covered services and benefits in this handbook, and any attachments, to get the full details of covered benefits.

The services described in this section are covered services only if they are medically necessary. Certain exclusions and limitations are noted below. Please see Section 9 for a full list of exclusions and limitations.

Many of the exclusions and limitations are in place because the San Mateo County ACE Program is the payer of last resort. This means that if you are eligible to receive health care services that are covered under the San Mateo County ACE Program through another payer or program, the other payer or program will be responsible for covering those services first. The San Mateo County ACE Program excludes services when other coverage is available under other programs. See page 40 for more information about these other programs.

Physician Services

Description

Services that are medically necessary and are provided by a San Mateo County ACE Provider or another provider authorized by HPSM. This may include telemedicine visits, where you receive a consultation by phone, video, or other telecommunication devices. This includes smoking cessation counseling provided as part of your visit, as well as emergency dental services provided by a physician. Other services that are included relate to outpatient preventive health care:

- allergy testing and treatment
- generally medically accepted cancer screening tests may be covered if not covered by another program (tests for breast or cervical cancer)
- health education services, including information regarding personal health behavior and health care, and recommendations regarding the optimal use of health care services provided by the San Mateo County ACE Program
- immunizations consistent with current national guidelines for immunizing adults provided by the USPSTF

Exclusions

Services related to family planning, breast and/or cervical cancer screening or treatment, and prostate cancer treatment may not be covered due to possible coverage by other programs. Non-emergency dental services are also not covered.

Co-payment

You pay a \$15 co-payment for each physician visit.

You pay a \$100 co-payment for emergency oral surgery provided by a physician in a clinic.

Note

Emergency dental services provided by a physician are a covered benefit under the San Mateo County ACE Program. However, these services are not managed by the Health Plan of San Mateo. You will work directly with your PCP clinic to receive these services.

Non-Physician Practitioner Services**Description**

Services that are medically necessary and are provided by a non-physician practitioner, such as a family nurse practitioner, a general nurse practitioner, a physician assistant, and a nurse anesthetist, as long as the provider is a San Mateo County ACE Provider. This includes certain services related to outpatient preventive health care:

- allergy testing and treatment
- generally medically accepted cancer screening tests, may be covered if not covered by another program (tests for breast or cervical cancer)
- health education services, including information regarding personal health behavior and health care, and recommendations regarding the optimal use of health care services provided by the San Mateo County ACE Program
- immunizations consistent with the most current version of the guidelines for immunizing adults provided by the USPSTF

Exclusions

Services related to family planning, breast and/or cervical cancer screening or treatment, and prostate cancer treatment are not covered due to possible coverage by other programs. Non-emergency dental services are also not covered.

Co-payment

You pay a \$15 co-payment for each visit.

Inpatient Hospital Services**Description**

General hospital services with customary furnishings and equipment, meals (including special diets as medically necessary), and general nursing care. Includes all medically necessary ancillary services such as:

- Use of operating room and related facilities
- Intensive care unit and services
- Drugs, medications, and biologicals
- Anesthesia and oxygen
- Diagnostic laboratory and x-ray services
- Special duty nursing as medically necessary
- Physical, occupational, and speech therapy

- Respiratory therapy
- Administration of blood and blood products
- Other diagnostic, therapeutic and rehabilitative services as appropriate
- Coordinated discharge planning, including the planning of such continuing care as may be necessary

This also includes inpatient hospital services, general anesthesia and associated facility charges, in connection with emergency dental procedures when hospitalization is necessary because of a medical condition or clinical status or because of the severity of the dental procedure. This also includes inpatient hospital services, general anesthesia and associated facility charges in connection with life-threatening complications, including but not limited to, those resulting from cosmetic surgery. Observation stays are also included.

Exclusions

Personal or comfort items or a private room in a hospital unless medically necessary. Services relating to the treatment of breast, cervical, or prostate cancer are excluded due to possible coverage by other programs.

Limitations

Prior authorization is required for all hospital admissions.

Co-payment

You pay a \$300 co-payment. In addition, San Mateo County will pursue estate recovery for the balance of the cost of your stay. Contact San Mateo Medical Center Billing at **650-573-2525** for more information.

Short-Term Skilled Nursing Care

Description

Services prescribed by a Participating Provider or nurse practitioner and provided in a licensed skilled nursing facility when medically necessary. Includes:

- Skilled nursing on a 24-hour per day basis
- Room and board
- X-ray and laboratory procedures
- Respiratory therapy
- Physical, occupational, and speech therapy
- Medical social services
- Prescribed drugs and medications
- Medical supplies
- Appliances and equipment ordinarily furnished by the skilled nursing facility
- Maximum of thirty (30) days per admission
- If services prescribed by a Participating provider are in excess of thirty (30) days, the ACE Participant will be referred for a Medi-Cal eligibility determination

Exclusions

Custodial care

Co-Payment

You pay a \$300 co-payment. In addition, San Mateo will pursue estate recovery for the balance of the cost of your stay. Contact San Mateo Medical Center Billing at **650-573-2525** for more information.

Limitations

Prior authorization is required for short-term nursing care.

Hospice

Description

Hospice means care and services provided in a home by a licensed or certified provider that are: (a) designed to provide palliative and supportive care to individuals who have received a diagnosis of a terminal illness, (b) directed and coordinated by medical professionals, and (c) with prior authorization by HPSM. The hospice benefit includes:

- Development and maintenance of an appropriate plan of care
- Skilled nursing services
- Certified home health aide services
- Homemaker services
- Bereavement Services
- Social services/counseling services
- Dietary counseling
- Physician services
- Volunteer services by trained hospice volunteers
- Short-term inpatient care
- Physical therapy, occupational therapy, and speech therapy for symptom control or to maintain activities of daily living
- Pharmaceuticals, medical equipment and supplies to the extent reasonable and necessary for the palliation and management of terminal illness

Limitations

- Hospice care is limited to those individuals who are diagnosed with a terminal illness with a life expectancy of one year or less, certified by a physician, and who elect hospice care for such illness instead of the traditional services covered by the Health Plan. The hospice election may be revoked at any time. Hospice services include the provision of palliative medical treatment of pain and other symptoms associated with a terminal disease, but do not provide for efforts to cure the disease.
- The participant may be referred for a Medi-Cal eligibility determination; Medi-Cal eligibility will supersede ACE.
- Prior authorization is required for hospice care.

Ambulatory Surgical Center Services (Same Day Surgery)

Description

Services provided in an outpatient surgery setting, including, but not limited to:

- Use of operating facilities
- Drugs, medications, and biologicals
- Anesthesia and oxygen
- Administration of blood and blood products
- Cardiac surgeries, brachytherapy, and lithotripsy are among the procedures included under this benefit.

Exclusions

Services relating to the treatment of breast, cervical, or prostate cancer are excluded due to possible coverage by other programs.

Limitations

Prior authorization may be required for certain ambulatory surgical center services.

Co-payment

You pay a \$300 co-payment. In addition, San Mateo County will pursue estate recovery for the balance of the cost of your surgery. Contact San Mateo County Medical Center Billing at **650-573-2525** for more information.

Outpatient Ancillary Procedures

Description

Outpatient ancillary services include, but are not limited to, radiation therapy, sleep study, and eye procedures. Some of these specialty care services are not available at the San Mateo Medical Center (SMMC) or the Primary Care Provider clinics. Medically necessary specialty services may be referred to non-ACE Providers by San Mateo County ACE Providers and may require prior authorization.

Exclusions

Services relating to the treatment of breast, cervical, or prostate cancer are excluded due to possible coverage by other programs.

Limitations

Prior authorization may be required.

Co-payment

For outpatient ancillary procedures, you pay \$150 per procedure.

Emergency Health Care Services—Only Covered At SMMC

Description

Twenty-four (24) hour Emergency Care received at the San Mateo Medical Center (SMMC) for a medical condition that causes severe pain, or a serious illness or injury. It could be a medical emergency if the illness or injury:

- Puts your health in serious danger
- Causes serious harm to the way your body works, or
- Causes serious damage of any body organ or part

Exclusions

Emergency health care services are only covered if they are received at the San Mateo Medical Center. Emergency health care services that are received at any other hospital or facility are not covered. Psychiatric Emergency services are also excluded. Emergency services related to active labor are excluded due to possible coverage by other programs. Emergency room services for non-emergency conditions are also excluded, unless you believe an emergency existed.

Co-payment

You pay a \$75 co-payment for emergency services received at the San Mateo Medical Center. This \$75 co-payment is waived if you are admitted directly to inpatient hospital services from the SMMC emergency room. You are responsible for full payment for emergency services received at any other hospital.

Prescription Drugs**Description**

- Medically necessary drugs when prescribed by a licensed practitioner acting within the scope of his or her licensure, including:
- Injectable medication, needles and syringes necessary for the administration of the covered injectable medication
- Insulin, Glucagon, syringes and needles and pen delivery systems for the administration of insulin
- Medically necessary medications for life-threatening complications
- HPSM covers generic medications. You may receive brand name medications under certain situations. See pages 15 for details.
-

Exclusions

The following drugs are not covered under the San Mateo County ACE Program:

- Experimental or investigational medications
- Medications for cosmetic purposes
- Over-the-counter medicines that are not prescribed by a San Mateo County ACE Provider
- Appetite suppressants, or any other diet medications (except when medically necessary to treat morbid obesity)
- Dietary supplements (except for formulas or special food products to treat phenylketonuria or PKU)
- Erectile dysfunction medications
- Prescription contraceptives
- Drugs for the treatment of breast, cervical, or prostate cancer

Limitations

Prescription drugs covered under the San Mateo County ACE Program are limited to only those drugs that are on the San Mateo County ACE Formulary. If a drug is not on the San Mateo County ACE Formulary, it will not be covered without prior authorization.

Co-payment

You pay \$7 for each prescription you fill.

Outpatient Drug Therapy Services**Description**

Infusion therapy, which involves the administration of medications into the body. Drugs commonly administered include antibiotics, chemotherapy, pain management, and nutrition.

Exclusions

Illicit drugs and drugs used for substance abuse rehabilitation are excluded. Drugs used in the treatment of breast, cervical, or prostate cancer are excluded due to coverage by other programs.

Co-payment

You pay \$15 for each outpatient drug therapy visit.

Medical Nutrition Therapy**Description**

Enteral formula used for medical nutrition therapy must be prescribed by a physician and meet medical necessity criteria.

Limitations

Prior authorization is required for Enteral formula.

Mental Health Services**Description**

Mental health services provided by your PCP clinic, within the scope of staff licensure, are covered under the San Mateo County ACE Program.

Exclusions

The San Mateo County ACE Program does not cover specialty services provided by psychiatrists, clinical psychologists, or other specialized mental health professionals. Emergency psychiatric services are also excluded. These may be available through other coverage programs.

Co-payment

You pay a \$15 co-payment for each primary care visit.

Emergency Dental Services**Description**

The San Mateo County ACE Program covers emergency dental services and associated supplies and anesthesia for emergency dental procedures.

Exclusions

Routine dental care is excluded.

Co-payment

You pay a \$15 co-payment for each emergency dental visit if you pay at the time of the visit.

You pay a \$100 co-payment for oral surgery provided in a clinic.

Note

Emergency dental services are a covered benefit under the San Mateo County ACE Program. However, these services are not administered by the Health Plan of San Mateo. You will work directly with your PCP clinic to receive dental benefits.

Laboratory Services**Description**

Diagnostic laboratory services necessary to appropriately evaluate, diagnose, treat, and follow up on the care of ACE Participants.

Co-payment

You pay \$15 for each lab-only visit. Does not apply if the lab service is part of an inpatient stay, outpatient visit, emergency room visit or ambulatory surgery.

Radiology Services**Description**

Diagnostic and therapeutic radiological services necessary to appropriately evaluate, diagnose, treat, and follow up on the care of ACE Participants.

Exclusions

Mammograms for screening or diagnostic purposes may be excluded under the San Mateo County ACE Program due to possible coverage by other programs.

Limitations

Prior authorization is required for MRIs.

Co-payment

You pay a \$25 co-payment for each X-ray you receive, including mammograms.

You pay a \$50 co-payment for each of the following services:

- CT scan
- Nuclear medicine
- Ultrasound
- Echocardiography

You pay a \$150 co-payment for each MRI you receive.

Durable Medical Equipment**Description**

Durable Medical Equipment is medical equipment that is ordered by a doctor for use in the home. Durable Medical Equipment (DME) when prescribed by a licensed practitioner is covered when medically necessary to preserve bodily function essential to activities of daily living or to prevent significant physical disability. This is limited to the lowest cost DME that meets the medical needs of the ACE Participant. DME includes, but not limited to:

- Oxygen and oxygen equipment
- Wheelchairs
- Blood glucose monitors
- Asthma related equipment—Nebulizer machines, tubing and related supplies, and spacer devices for metered dose inhalers
- Insulin pumps and all related equipment
- Exclusions
- The following items are not covered under the San Mateo County ACE Program:
- Comfort and convenience items
- Experimental or research equipment
- Devices not medical in nature, including modifications to the home or automobile
- More than one piece of equipment that serves the same function, unless medically necessary

Limitations

Prior authorization is required if the cost of the item is greater than \$50 for a rental or \$100 for a purchase.

Co-payment

- For durable medical equipment items that cost \$100 or less, you pay \$10 or less for each item. If an item costs less than \$10, your copay is under \$10.
- For items that cost more than \$100, you pay \$20 for each item
- For use of CPAP/BIPAP machines, you pay \$150 for each use

Orthotics And Prosthetics

Description

Orthotics are medical supplies that support bones and joints. Prosthetics are medical devices that replace a body part. Orthotics and Prosthetics are covered when such appliances are necessary for the restoration of function or replacement of body parts. Covered items must be prescribed by a physician or podiatrist. The Health Plan of San Mateo may decide whether to replace or repair an item.

Limitations

Orthotics: Prior authorization is required for all orthotic supplies when the cumulative costs for purchase, replacement or repair of the orthotics exceed \$250 within a 90-day period. This policy also applies to daily amounts that exceed \$250 for an individual item or combination of items. Certain items below these dollar thresholds may also require prior authorization.

Prosthetics

Prior authorization is required if the cumulative costs for purchase, replacement, repair or daily costs of the item is greater than \$500. Certain items below \$500 may also require prior authorization.

Co-payment

For orthotic and prosthetic devices that cost \$100 or less, you pay \$10 or less for each item. If an item costs less than \$10, your copay is under \$10.

For items that cost more than \$100, you pay \$20 for each item

Medical Supplies**Description**

Medical supplies include, but are not limited to:

- Diabetic testing and self-monitoring supplies
- Ostomy bags and urinary catheters and supplies
- Bandages and dressings.

The San Mateo County ACE Program covers medical supplies when prescribed by a San Mateo County ACE Provider

Limitations

Prior authorization is required for some medical supplies and for formulary incontinence supplies that exceed \$165.00 per month

Co-payment

- For items that cost \$100 or less, you pay \$10 for each item or less. If an item costs less than \$10, your copay is under \$10.
- For items that cost more than \$100, you pay \$20

Medical Transportation Services**Description**

Non-emergency medical transportation is only covered when an ACE Participant is being transferred from one Inpatient setting to another. Inpatient settings include hospitals and nursing facilities.

Exclusions

Emergency medical services, including emergency ambulance services, and non-emergency transportation by passenger car, taxi, or other form of public transportation are not covered.

Limitations

Prior authorization is required.

Co-payment

You pay a \$0 co-payment for each transport as described above.

Home Health Care Services

Description

Home health services are medically necessary services that are prescribed by a doctor and provided in the home by health care personnel such as nurses and home health aides. Services include physical therapy, occupational therapy, speech therapy, respiratory therapy, and social services. Home visits by doctors are not considered a part of this benefit.

If a basic health service can be provided in more than one medically appropriate setting, the attending physician or other appropriate authority designated by the Health Plan of San Mateo can choose the setting for providing the care. The Plan uses medical case management to ensure that appropriate care is provided in the appropriate setting.

Limitations

Home health care services are limited to home-bound ACE Participants. Prior authorization is required to receive home health care visits. Home visits by doctors are not considered a part of this benefit. Home health care is limited to coverage as needed over a 30-calendar day benefit period.

Exclusions

Custodial care and services that are not medically necessary. Custodial care means non-skilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in or out of bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops. Home infusion services are also excluded.

Co-payment

You pay a \$5 co-payment for each home health visit. You pay \$0 for medical supplies, equipment, or appliances associated with home health visits.

Vision

Description

ACE Participants who need an examination for eye glasses may go to an optometrist at a San Mateo County ACE Provider site for a visit once every two years with a referral from a PCP clinic. For other more serious eye conditions, ACE Participants should visit their PCP clinic for a referral to a Specialist. ACE Participants are eligible for new eyeglass frames and lenses every two years. Lost, stolen, or broken glasses may be replaced.

Limitations

Optometry visits are limited to one visit every two years. Eyeglass frames and lenses are limited to one pair every two years. Prior authorization is required for eyeglass lenses and frames. The ACE Program will only pay \$150 towards eyeglasses or contact lenses.

Co-payment

For each pair of eyeglasses you receive, you pay \$15. For each order of contact lenses you pay \$15

The ACE program will only cover up to \$150 for the costs of eyeglasses and contact lenses every two years. You are responsible for paying the remainder of balances over \$150.

Acupuncture

Description

Acupuncture services are provided as a benefit under the San Mateo County ACE Program with a referral by a San Mateo County ACE Provider.

Limitations

Prior authorization is required.

Co-payment

You pay a \$15 co-payment for each acupuncture visit.

Chiropractic Services

Description

Chiropractic services are provided as a benefit under the San Mateo County ACE Program with a referral by a San Mateo County ACE Provider.

Limitations

Prior authorization is required.

Co-payment

You pay a \$15 co-payment for each chiropractic visit.

Occupational, Speech, And Physical Therapy

Description

Medically necessary therapy may be provided by a participating provider in a medical office or other appropriate outpatient setting, hospital, skilled nursing facility or home.

Limitations

Prior authorization may be required if services are provided by a non-SMMC Provider.

Co-payment

You pay \$15 for each calendar month that you receive one of these services.

Podiatry Services

Description

Outpatient podiatric office visits are covered if the service is provided by a San Mateo County ACE Provider.

Limitations

Prior authorization may be required if services are provided by a non-SMMC Provider.

Co-payment

You pay a \$15 co-payment for each podiatry visit.

Audiology (Hearing)

Description

- Audiological evaluation to measure the extent of hearing loss
- Hearing aid evaluation to determine the most appropriate make and model of hearing aid
- Monaural or binaural hearing aids including ear mold(s), hearing aid instrument, initial battery, cords, and other ancillary equipment
- Visits for fitting, counseling, adjustments, repairs, etc., at no charge for a one-year period following the provision of a covered hearing aid

Exclusions

- Purchase of batteries or other ancillary equipment except those covered under the terms of the initial hearing aid purchase and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss
- Replacement parts for hearing aids and repair of a hearing aid after the covered one-year warranty period
- Replacement of a hearing aid more than once in any 36-month period
- Surgically implanted hearing devices such as cochlear implants

Limitations

Prior authorization may be required for audiology services. Hearing aids require prior authorization.

Co-payment

You pay a \$15 co-payment for each audiology visit. You pay a \$10 co-payment for each hearing aid you receive.

Respiratory Therapy

Description

Therapy may be provided in a medical office or other appropriate outpatient setting.

Limitations

Prior authorization may be required.

Co-payment

You pay a \$15 co-payment for each respiratory therapy visit.

Blood And Blood Products

Description

Processing, storage and administration of blood and blood products in inpatient and outpatient settings. This includes the collection and storage of autologous (your own) blood when medically indicated.

Co-payment

You pay \$0 when you receive blood and blood products as part of your hospital stay.

Health Education

Description

HPSM's health educators are available to give you information about staying healthy, preventing illness, and ways to handle a health problem. Please call the health education staff for the following services:

- HPSM Newsletter
 - Articles about your health and how to care for yourself and your family
 - Chances for you to tell us about your favorite topics for future articles
- Information on Health Topics and Resources
 - Questions about health problems, nutrition, etc.
 - Community resources and agencies available
 - Free or low-cost exercise facilities and programs

Please call the health educators at 1-800-750-4776 or 650-616-2133 for more information.

Linkages to Other Programs

The San Mateo County ACE Program is considered a payer of last resort. This means that if you are eligible to receive health care services that are covered under the San Mateo County ACE Program through another payer or program, the other payer or program will be responsible for covering those services first.

The San Mateo County ACE Program also excludes specific services under its scope of benefits. Many of these benefits are also covered under other programs.

The following is a list of programs that might apply. Your PCP clinic site should be able to screen you to determine whether you qualify for any of these of these programs when you receive services. You can also receive more information about any payments you may have to make.

For more information about these programs, you can contact the Health Coverage Unit at 650-616-2002. Staff will be able to answer most of your questions. For a few of the programs, a separate phone number is listed. In these cases, please use the phone number provided.

Medi-Cal

Medi-Cal is California's version of the Medicaid program. It provides health care coverage for low-income families and individuals who do not have health insurance. You may become eligible for Medi-Cal for several reasons, including pregnancy, disability, and long-term placement in a nursing facility. Note: If you apply for or become eligible for full-scope Medi-Cal or Medi-Cal with Share of Cost, you will be disenrolled from the San Mateo County ACE Program. In addition, your San Mateo County ACE coverage may be terminated retroactively back to the date that your Medi-Cal coverage first shows as being active. You should not have any overlapping periods of Medi-Cal and ACE eligibility unless you are only eligible for Restricted Medi-Cal benefits. For example, emergency and/or pregnancy services only.

Cancer Detection Program (CDP)

The Cancer Detection Program (CDP) provides free breast cancer screening services to women age 40+ who cannot afford breast exams and mammograms. To qualify, the family income must be at or below 200% of the federal poverty level (FPL).

Breast and Cervical Cancer Treatment Program (BCCTP)

The Breast and Cervical Cancer Treatment Program (BCCTP) provides immediate Medi-Cal coverage for women and men diagnosed with breast and cervical cancer regardless of their immigration status. To qualify, the family income must be at or below 200% FPL.

Note: If you become eligible for full-scope Medi-Cal, you will be disenrolled from the San Mateo County ACE Program.

Family PACT

Family PACT (Planning, Access, Care & Treatment) Program provides free comprehensive family planning services, including contraception, testing, counseling, sterilization and education to low income men and women (under 200% FPL).

Improving Access, Counseling, and Treatment (IMPACT) Program for

Californians with Prostate Cancer The IMPACT (Improving Access, Counseling, and Treatment) Program provides treatment for men diagnosed with prostate cancer. To qualify, the family income must be at or below 200% FPL.

Mental Health Services

San Mateo County provides mental health services. If you need mental health services, contact the Mental Health ACCESS Call Center at 1-800-686-0101.

Genetic Disease Treatment—Genetically Handicapped Persons Program (GHPP)

Adults who have specifically diagnosed genetic conditions may be eligible for special counseling and treatment at one of the State of California Department of Health Services' regional programs.

Examples of these conditions include hemophilia, cystic fibrosis, and sickle cell anemia; neurological diseases such as Huntington's disease, Joseph's disease, and Frederick's Ataxia; and metabolic diseases such as PKU, galactosemia and Wilson's disease. For more information, please contact the Genetically Handicapped Persons Program at 1-800-639-0597.

Other Health Coverage and Third-Party Liability

If you have other health insurance, for example through an employer or union, your other health coverage will have primary responsibility for paying for your services. Also, if you are receiving health care benefits through a workers' compensation claim, or through a liability claim on any other type of accident (for example, a car accident or a slip-and-fall

accident), the responsible party should pay for your services. You are responsible for telling HPSM if any of these situations exist.

Section 9 Exclusions and Limitations on Benefits

Services or supplies not received from a San Mateo County ACE Provider are not covered unless they have been authorized by HPSM. You should read all descriptions of the Benefits in this handbook and any inserts to this document to get the full details of their coverage and non-coverage under the San Mateo County ACE Program. No service is covered unless it is medically necessary.

Specific Exclusions and Limitations

The following services and supplies are not covered by the San Mateo County ACE Program; additional exclusions that apply only to a particular service are listed in the description of that service in the “Benefits” section.

1. Emergency services provided at any hospital besides the San Mateo Medical Center are not covered under the San Mateo County ACE Program.
2. Emergency services provided at the San Mateo Medical Center are not covered for non-emergency conditions, unless you believe an emergency existed, even if it is later determined that an emergency did not exist.
3. Services, supplies, items, procedures or equipment that are not medically necessary are excluded from coverage under state and federal law.
4. Those medical, surgical (including implants), or other health care procedures, services, products, medications, or devices that are either experimental or investigational.
5. Diagnosis and treatment of infertility. Treatment of medical conditions of the reproductive system is not excluded.
6. Custodial care or personal care services.
7. Services that are eligible for reimbursement by insurance or a Workers’ Compensation benefit plan or that are covered under any other insurance or health care service plan.
8. Personal or comfort items such as telephones, TVs, guest trays, personal hygiene items, disposable supplies (except ostomy bags or urinary catheters) and other supplies.
9. Routine dental services.
10. Physical exams, reports or related services required for obtaining or maintaining employment, licenses, insurance, a school sports clearance or an ACE Participant’s desire, unless the exam corresponds to the schedule of routine physical exams listed in this ACE Participant Handbook.
11. Medications for cosmetic use.
12. Cosmetic surgery that is performed only to alter or reshape normal structures of the body in order to improve appearance.
13. Exercise and hygiene equipment; experimental or research equipment; devices not medical in nature such as sauna baths and elevators, or modifications to the home or automobile; deluxe equipment; or more than one piece of equipment that serve the same function, unless medically necessary.
14. Corrective shoes and arch supports (except for therapeutic footwear for diabetics); non-rigid devices such as elastic knee supports, corsets, elastic stockings, and garter belts, dental appliances, electronic voice producing machines; except as medically necessary.

15. Emergency medical transportation, including emergency ambulance services.
16. Non-emergency transportation by passenger car, taxi or other form of public transportation.
17. Home health custodial care.
18. Physical therapy and rehabilitation services that are not medically necessary.
19. Mental Health services, except those provided under the scope of primary care by a San Mateo County ACE Provider.
20. Emergency psychiatric services.
21. Pregnancy-related services, including family planning services, and services related to impotence and/or infertility.
22. Services provided by a nursing facility, including skilled nursing care and intermediate care for more than thirty (30) days. Room and board are also excluded.
23. Custodial care.
24. Services provided by a subacute care facility, including licensed and certified skilled nursing care for more than thirty (30) days.
25. Services provided by a long-term acute care facility.
26. Prescription and non-prescription drugs not included on the San Mateo County ACE Formulary, except with prior authorization.
27. Home infusion services.
28. Outpatient hemodialysis and peritoneal dialysis services.
29. Indian Health services.
30. Spiritual Healer services.
31. Adult day health care.
32. Services covered under other coverage programs such as EWC, BCCTP, IMPACT, and Family PACT.
33. Bariatric surgery.
34. Organ transplants.
35. Gender reassignment surgery and related hormonal treatment.
36. External second opinions for ACE participants are not covered.
37. Other services as identified on a case-by-case basis may be deemed to be excluded in accordance with San Mateo County policy priorities.
38. Substance Use Disorder Treatment Services including Medication Assisted Treatment

Section 10 ACE Participant Grievances and Appeals

Grievance and Appeals Process

Our commitment to you is to ensure not only quality of care, but also quality in the treatment process. This quality of treatment extends from the professional services provided by San Mateo County ACE Providers to the courtesy extended to you by our telephone representatives. If you have questions about the services you receive from a San Mateo County ACE Provider, we recommend that you first discuss the matter with your provider. If you continue to have a concern regarding any service you received, call HPSM's Member Services Department at 1-800-750-4776 or 650-616-2133. ACE Participants with hearing or speech impairments can call our TTY line, 1-800-735-2929, or dial 7-1-1 (the California Relay Service). HPSM's Grievance and Appeals Coordinators are responsible for processing and resolving Grievances and Appeals.

Appeal

If you think that HPSM has denied your request for a service or other benefit incorrectly, you can request an Appeal of HPSM's decision. You can file an Appeal with HPSM within 180 days from the date of HPSM's original decision. Appeals can be filed with either a Member Services Representative by calling 1-800-750-4776 or 650-616-2133 or by speaking with a Grievance and Appeals Coordinator at 1-888-576-7227 or 650-616-2850. You can obtain a copy of HPSM's Grievance and Appeals Policy and Procedure by calling our Member Services Department.

Grievance

If you have any other type of complaint against HPSM or a San Mateo County ACE Provider, you can file a Grievance. You can file a Grievance with HPSM within 180 days from the date of the incident that you are dissatisfied with. Grievances can be filed with either a Member Services Representative by calling 1-800-750-4776 or 650-616-2133 or by speaking with a Grievance and Appeals Coordinator at 650-616-2850. You can obtain a copy of HPSM's Grievance and Appeals Policy and Procedure by calling our Member Services Department or a Grievance and Appeals Coordinator.

How to Submit a Grievance or Appeal

To begin the Grievance or Appeal process, you can call, write, or fax the plan at:

Grievance and Appeals Coordinator Health Plan of San Mateo
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080
Phone 1-888-576-7227 or 650-616-2850
Fax 650-616-8235
www.hpsm.org

HPSM will acknowledge receipt of your Grievance or Appeal within five (5) days and will resolve your Grievance or Appeal within thirty (30) days.

If your Appeal involves an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb or major bodily function, you or your provider may request that HPSM expedite its review. HPSM will evaluate your request for an expedited review and, if your Appeal qualifies as an Urgent Appeal, we will resolve your Appeal within three (3) business days from receipt of your request.

Section 11 General Information

Durable Power of Attorney for Health Care or Advanced Directive

There might be situations in which you may not be able to tell the doctor what treatment you want. For example, you might be unconscious after having surgery or due to a sickness or being seriously hurt.

California laws exist to help you and your family make those decisions ahead of time. You can now sign a statement that tells your doctor and other health care providers what you want to do about your treatment when you are too sick or hurt to decide for yourself. When you sign this statement, called The Durable Power of Attorney, you can name someone else—a family member or friend—as your agent to make health care decisions for you. You can also specify which health care treatments can be used when you are incapacitated. Incapacitated means you have temporarily or permanently lost the power to make decisions for yourself.

If you have a Durable Power of Attorney, please share it with your family and doctor. Ask your doctor for more information about this and other options available to you.

Privacy Practices

HPSM will protect the privacy of ACE Participants' health information. San Mateo County ACE Providers are also required to protect your health information. Protected health information includes your name, social security number, and other information that reveals who you are. You have the right, with certain exceptions, to see and receive copies of your health information that HPSM maintains, correct or update your health information, and ask us for an accounting of certain disclosures of your health information.

HPSM may use or disclose your health information for treatment, payment and health care operations in connection with the administration of the San Mateo County ACE and the Medi-Cal program program, including measuring the quality of care and services that you receive. But we will not use or disclose your health information for any other purpose without your (or your representative's) written authorization, except as described in our Notice of Privacy Practices.

A copy of HPSM's Notice of Privacy Practices is included at the beginning of this ACE Participant Handbook on pages i–v. You can also contact HPSM's Member Services Department at 1-800-750-4776 or 650-616-2133, or visit HPSM's website, www.hpsm.org, for another copy of HPSM's Notice of Privacy Practices.

Authorization for Release of Information

The Health Plan of San Mateo will not release individually identifiable medical or personal information without obtaining authorization from the patient or the patient's designee, except as allowable in statute. HPSM may release information that is not individually identifiable.

Workers' Compensation

If an ACE Participant requires services for which benefits are in whole or in part either payable or required to be provided in accordance with any Workers' Compensation or Occupational Disease law, the appropriate Workers Comp carrier should be billed.

Non-discrimination

Providers shall not discriminate on the basis of sex, race, color, ancestry, religious creed, national origin, marital status, sexual orientation, physical disability including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), mental disability, age, medical condition or mental status. In addition all Providers shall ensure that the evaluation and treatment of their employees and applicants for employment are free from discrimination and harassment.

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Ang pahinang ito ay sadyang iniwan na blangko.



Healthy is for everyone



801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

tel 800.750.4776 toll-free

tel 650.616.0050 local

fax 650.616.0060

tty 800.735.2929 or dial 7-1-1

www.hpsm.org