

San Mateo County ACE

Access and Care for Everyone



2018 Participant Handbook

Last updated 03/27/2019



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**

	Phone	Office hours
Monday – Friday	8:00 a.m.–6:00 p.m.	8:00 a.m.–5:00 p.m.

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**

	Por teléfono	Horario de oficina
De lunes a viernes	8:00 a.m.–6:00 p.m.	8:00 a.m.–5:00 p.m.

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

Effective: April 14, 2003

Revised: May 1, 2018

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

Why Am I Receiving this Notice?

Health Plan of San Mateo (HPSM) understands that health information about you is personal. We are committed to protecting your health information. This notice contains a summary of HPSM's privacy practices and your rights relating to health information. This notice only covers HPSM's privacy practices. Your doctor may have different policies or notices regarding the use and disclosure of your health information created in the doctor's office.

We Are Required by Law to:

- Make sure that your health information is kept private
- Give you this notice of our legal duties and privacy practices about your health information
- Follow the terms of the notice that is currently in effect

How We May Use and Share Your Health Information

Your information may be used or shared by HPSM only for treatment, payment and health care operations associated with the particular program you are enrolled in. The information we use and share includes, but is not limited to:

- Your name
- Address
- Personal facts
- Medical care given to you
- The cost of your medical care
- Your medical history

Some Examples of When We May Use or Share Your Health Information

- **For Treatment:** You may need medical treatment that needs to be approved ahead of time. We will share your health information with doctors, hospitals and others in order to get you the care you need.

- **For Payment:** We use your health information to pay doctors, hospitals and others who have provided you medical care. We may also forward bills to other health plans or organizations for payment.
- **For Health Care Operations:** We may use your health information to check the quality of care you receive. We may also use this information in audits, programs to stop fraud and abuse, financial and organizational planning, and general administration.
- **For Business Associates:** We may use or share your health information to an outside company that assists us in operating our health plan.

Other Uses for Your Health Information

- **Health Benefits or Services:** We may use and share health information to tell you about HPSM's benefits or services that may be of interest to you through HPSM's Health Education Programs.
- **Payment Decisions:** You or your doctor, hospital, or other health care provider may appeal decisions made about payment for your health care. Your health information may be used to make these appeal decisions.
- **Oversight Activities:** We may share your health information with health oversight agencies for activities authorized by law. These oversight activities may include audits, investigations, inspections, licensure activities, or disciplinary actions. These activities are necessary for the government to monitor HPSM's compliance with laws and regulations.
- **Individuals Involved in Your Care:** We may share information with people involved in your health care, or with your personal representative.
- **Workers Compensation:** We may share health information about you for Workers Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Coroners, Medical Examiners, and Funeral Directors:** We may share the health information of members who are deceased to coroners, medical examiners or funeral directors to enable them to perform their duties.
- **Organ and Tissue Donations:** We may share your health information with organizations that obtain, bank or transplant organs or tissue donations.
- **Public Health Activities:** We may share your health information for public health activities. These activities may include, but are not limited to the following:
 - To prevent or control disease, injury or disability
 - To report births and deaths
 - To report child abuse or neglect
 - To report problems with medications and other medical products

- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- **Law Enforcement or Legal Proceedings:** We may share health information if required to do so by a law enforcement official, in response to a court order or warrant, and if requested by authorized federal officials for national security activities authorized by law. We may also share your health information in response to a subpoena or other lawful process, but only if efforts have been made to notify you of the request or to obtain an order protecting the information requested.
- **50 Years After Death:** We may share the health information of deceased members to any agency if the member has been deceased for more than 50 years.

When Written Permission is Needed

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

Your Privacy Rights

You have the following rights regarding your health information that we store:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on how we use or share your health information. In your request, you must tell us:
 1. What information you want to limit;
 2. Whether you want to limit our use of information, sharing of information, or both; and
 3. To whom you want the limits to apply.

To request restrictions, you must make your request in writing. See page vi for instructions regarding where to send such requests.

Note: We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications:** You have the right to request that we contact you privately and with special handling. For example, you can ask that we contact you at a different address, only by telephone, or only while you're at work.

We will not ask you for the reason for your request. We will make every effort to accommodate reasonable requests. Your request must specify how or where you wish to be contacted. To request special handling in the way you are contacted, you must make your request in writing. See page vi for instructions regarding where to send such requests.

- **Right to Access Your Health Information:** You have the right to obtain a copy of certain health information that HPSM maintains in its records. In general, this includes health and billing records. You will have to contact your doctor for a copy of your medical record. You may be charged a fee for the costs of copying and mailing records. To get a copy of health information that we maintain, you must submit your request in writing. See page vi for instructions regarding where to send such requests.

We may deny your request to obtain a copy in certain cases. If you are denied access to health information, we will tell you the reason why in writing. If denied access, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

- **Right to an Accounting of Disclosures:** You have the right to ask for a list of the times we have shared your health information with other parties. We call this an accounting of disclosures. We will include all disclosures, except for those about treatment, payment, and health care operations. We will also be unable to provide a list of certain other disclosures, such as those made to law enforcement or when we have provided you your own health information after you asked for it.

We are only able to provide you with a list of disclosures going back up to 6 years from the date of your request.

- **Right to Receive a Copy of this Privacy Notice:** You can ask for a paper copy of this notice at any time. This notice is also available on our website at www.hpsm.org
- **Right to Amend Your Health Information:** If you feel that health information we have about you is wrong or incomplete, you may ask us to amend the information. You have the right to request an amendment only on those records we maintain. For example, we cannot amend or change your doctor's records.

We are not required to amend health information that:

- Was not created by HPSM;
- Is not part of the information we maintain;
- Is not part of the information which you would be allowed to obtain a copy of; or
- Is correct and complete.

If HPSM denies your request to amend your health information, we will notify you in writing. You will also receive a written explanation of why your request was denied. If we don't make the changes you request, you may ask that we review our decision. You may also provide a statement saying why you disagree with our records, and your statement will be kept with your records. Please see page vi for instructions regarding where to send requests for amendment.

- **Right to Receive Notice of a Breach:** A breach occurs when protected health information is obtained, used or revealed in a way that violates relevant privacy laws. HPSM is required to inform you of any such incident within 60 days of discovering that the privacy of your information has been violated. The Secretary of the U.S. Department of Health & Human Services, and in certain circumstances the media, may also have to be notified.

The notice of the breach that you receive will include a description of what happened, the types of information that were involved in the breach, and the steps that you should take to protect yourself from potential harm. The notice will also tell you what HPSM is doing to investigate the situation and minimize harm to you, and to prevent breaches from occurring again.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for all health information we already have about you as well as any information we receive in the future. You can find the effective date of the Notice at the top of the first page. In addition, each time there are changes to the notice, we will notify you through the mail within 60 days. We will also post a copy of the current notice on our website at www.hpsm.org.

Contact Us:

If you believe your privacy rights have been violated, you may file a grievance with HPSM. You may also contact the U.S. Department of Health and Human Services to file a complaint.

Health Plan of San Mateo
Attn: Grievance & Appeals Unit
801 Gateway Blvd., Suite 100
South San Francisco, CA 94080
1-888-576-7227 or 650-616-2850

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
Attn: Regional Manager
90 7th St., Suite 4-100
San Francisco, CA 94103
1-800-368-1019 or 1-800-537-7697 (TDD)

You will not be penalized for filing a grievance.

For requests pertaining to your rights as listed in this notice, please send written requests to:

Health Plan of San Mateo
Attn: Privacy Officer
801 Gateway Blvd., Suite 100
South San Francisco, CA 94080

If you request a copy of your health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to withdraw or change your request at that time before it is processed.

If you have questions about this Notice, please contact Member Services. They are available to serve you Monday through Friday, 8:00 a.m. to 6:00 p.m. at **1-800-750-4776** or **650-616-2133**. Members with hearing or speech impairments can use the California Relay Service (CRS) at **1-800-735-2929** (TTY) or dial 7-1-1.

Health Plan of San Mateo Nondiscrimination Notice

The Health Plan of San Mateo (HPSM) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HPSM does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HPSM:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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 Member Services.

If you believe that HPSM has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Member Services

801 Gateway Blvd., Suite 100 South San Francisco, CA 94080

Toll Free: **1-800-750-4776** Local: **650-616-2133**

TTY: **1-800-735-2929**

Fax: **650-616-8581**

You can file a grievance in person or by mail, fax, or phone. If you need help filing a grievance, Member Services staff are available to help you.

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

U.S. Department of Health and Human Services 200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

English:

ATTENTION: If you speak other languages other than English, language assistance services, free of charge, are available to you. Call **1-866-880-0606** (TTY: **1-800-735-2929**).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-880-0606** (TTY: **1-800-735-2929**).

Chinese:

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 **1-866-880-0606** (TTY: **1-800-735-2929**)。

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-880-0606** (TTY: **1-800-735-2929**).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-880-0606** (телетайп: **1-800-735-2929**).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-880-0606** (TTY: **1-800-735-2929**).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-880-0606** (TTY: **1-800-735-2929**)번으로 전화해 주십시오.

Arabic:

إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-880-0606 (مقر هاتف الصم والبكم: 1-800-735-2929). ملحوظة:

Hindi:

ध्यान दें: यदि आप लएि बोलते हैं तो आपके मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-866-880-0606** (TTY: **1-800-735-2929**) पर कॉल करें।

Japanese:

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-880-0606 (TTY:1-800-735-2929) まで、お電話にてご連絡ください。

Armenian:

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակազմակերպչական ծառայություններ: Ջանգահարեք 1-866-880-0606 (TTY (հեռատիպ) 1-800-735-2929):

Cambodian:

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-880-0606 (TTY: 1-800-735-2929)។

Farsi:

توجه: اگر به زبانی غیر از زبان انگلیسی صحبت میکنید، خدمات زبانی رایگان برای شما فراهم است. با شماره 1-866-880-0606 (TTY: 1-800-735-2929) تماس بگیرید.

Hmong:

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-880-0606 (TTY: 1-800-735-2929).

Punjabi:

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵੱਚਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-880- 0606 (TTY: 1-800-735-2929) ‘ਤੇ ਕਾਲ ਕਰੋ।

Laotian:

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີອ້ອມໃຫ້ທ່ານ. ໂທ 1-866-880-0606 (TTY: 1-800-735-2929).

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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**

2018 The San Mateo County ACE Participant Handbook

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 call HPSM Member Services at **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 **1-800-855-3000**.

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.

 <p>Healthy is for everyone</p> <p>Member</p> <p>ACE ID</p> <p>Group Plan (80840) 7740 283 982</p> <p>PCP</p> <p>HPSM Member Services: 1-800-750-4776. Services are limited to the San Mateo Medical Center (SMMC) hospital and clinic system, Ravenswood or NEMS, except with prior authorization. Emergency services are only covered at SMMC.</p>	<p>San Mateo County ACE www.hpsm.org</p> <p>DOB</p> <p>Assigned to PCP as of</p> <p>HPSM Member as of</p> <p>DR\$ RX\$</p>
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In case of emergency, call **9-1-1** or seek appropriate emergency care.
24-Hour Nurse Advice: **1-833-846-8773** (toll free)

San Mateo ACE Providers: San Mateo Medical Center (SMMC)
39th Avenue Clinic • SMMC Coastside Clinic • Daly City Clinic
Fair Oaks Clinic • South San Francisco Clinic • Ravenswood Family Health Center • NEMS

FOR PROVIDER USE ONLY

Providers with a PIN can check member eligibility verification 24 hours a day at **1-800-696-4776**, or online at www.hpsm.org.

Submit pharmacy manual claims to:

Argus Health Systems
Department 586
P.O. Box 419019
Kansas City, MO 64141
1-888-635-8362

Submit medical claims to:

HPSM Claims Department
801 Gateway Blvd, Suite 100
South San Francisco, CA 94080
HPSM Provider Line: 650-616-2106
Toll-free: 1-833-MY-HPSM-1 (694-7761)

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. ACE Participants who qualify for the Fee Waiver will not have to pay any co-payments. If you qualify for the Fee Waiver, your ACE Participant Identification Card will say “Fee Waiver” and your co-payments will say \$0. See Section 7 for more information on the Fee Waiver.

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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:

- (a) provided in accordance with professionally recognized standards of practice;
- (b) determined by the treating physician to be consistent with the medical condition; and
- (c) 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. If you have Restricted Medi-Cal coverage, emergency services may be covered.

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 the Fee Waiver.

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.

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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 21).
- 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 **1-800-855-3000**. 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 Request is denied, that means it has not been approved for the service or treatment that your doctor requested. If your Prior Authorization Request 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 Request 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 Request. 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 Request 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 Request 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 Request, 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 a Community Health Advocate 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.

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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.

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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															
<p>Daly City Clinic 380 90th Street Daly City, CA 94015 Phone: 650-301-8600 Provider Languages: Spanish, Tagalog Staff Languages: Spanish, Tagalog Pharmacy Hours:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Monday</td> <td>8:00 a.m.–9:00 p.m.</td> </tr> <tr> <td>Tuesday–Friday</td> <td>8:00 a.m.–5:00 p.m.</td> </tr> </table> <p>Fair Oaks Health Center 2710 Middlefield Road Redwood City, CA 94063 Phone: 650-578-7141 Provider Languages: Spanish Staff Languages: Spanish Office Hours:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Monday–Friday</td> <td>8:00 a.m.–8:00 p.m.</td> </tr> </table>	Monday	8:00 a.m.–9:00 p.m.	Tuesday–Friday	8:00 a.m.–5:00 p.m.	Monday–Friday	8:00 a.m.–8:00 p.m.	<p>39th Avenue Clinic 222 West 39th Avenue San Mateo, CA 94403 Phone: 650-573-3702 Provider Languages: Spanish Staff Languages: Spanish Pharmacy Hours:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Monday–Friday</td> <td>9:00 a.m.–5:00 p.m.</td> </tr> <tr> <td>Saturday</td> <td>9:00 a.m.–7:00 p.m.</td> </tr> <tr> <td>Sunday</td> <td>10:00 a.m.–6:00 p.m.</td> </tr> </table> <p>South San Francisco Clinic 306 Spruce Avenue South San Francisco, CA 94080 Phone: 650-877-7070 Provider Languages: Spanish Staff Languages: Spanish, Tagalog Office Hours:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Monday–Friday</td> <td>8:00 a.m.–4:00 p.m.</td> </tr> </table>	Monday–Friday	9:00 a.m.–5:00 p.m.	Saturday	9:00 a.m.–7:00 p.m.	Sunday	10:00 a.m.–6:00 p.m.	Monday–Friday	8:00 a.m.–4:00 p.m.
Monday	8:00 a.m.–9:00 p.m.														
Tuesday–Friday	8:00 a.m.–5:00 p.m.														
Monday–Friday	8:00 a.m.–8:00 p.m.														
Monday–Friday	9:00 a.m.–5:00 p.m.														
Saturday	9:00 a.m.–7:00 p.m.														
Sunday	10:00 a.m.–6:00 p.m.														
Monday–Friday	8:00 a.m.–4:00 p.m.														

Pharmacy Network for SMMC Clinics

Anchor Drugs

161 South Spruce Avenue
South San Francisco, CA 94080

Phone: 650-360-5300

Staff Languages: Arabic, Portuguese, Spanish

Pharmacy Hours:

Monday–Friday 9:00 a.m.–7:00 p.m.
Saturday 9:00 a.m.–4:00 p.m.

San Mateo Medical Center Pharmacy

222 West 39th Avenue
San Mateo, CA 94403

Phone: 650-573-2233

Pharmacy Hours:

Monday–Friday 8:00 a.m.–7:00 p.m.
Weekends and 8:00 a.m.–4:30 p.m.
Holidays

Safeway Pharmacy, Redwood City

1071 El Camino Real
Redwood City, CA 94063

Phone: 650-306-1902

Pharmacy Hours:

Monday–Thursday 9:00 a.m.–8:00 p.m.
Friday, Saturday, 9:00 a.m.–5:00 p.m.
Sunday

Safeway Pharmacy, Redwood City

850 Woodside Road
Redwood City, CA 94063

Phone: 650-365-3682

Pharmacy Hours:

Monday–Friday 9:00 a.m.–8:00 p.m.
Saturday, Sunday 9:00 a.m.–5:00 p.m.

Safeway Pharmacy, Menlo Park

525 El Camino Real
Menlo Park, CA 94025

Phone: 650-847-2905

Pharmacy Hours:

Monday–Friday 9:00 a.m.–5:00 p.m.
Saturday 9:00 a.m.–7:00 p.m.
Sunday 10:00 a.m.–6:00 p.m.

Safeway Pharmacy, San Mateo

1655 El Camino Real
San Mateo, CA 94402

Phone: 650-341-3305

Pharmacy Hours:

Monday–Friday 9:00 a.m.–8:00 p.m.
Saturday, Sunday 9:00 a.m.–5:00 p.m.

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)
<p>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: Monday–Friday 8:30 a.m.–12:00 p.m. Monday–Friday 1:00 p.m.–5:00 p.m.</p>	<p>North East Medical Services 211 Eastmoor Avenue Daly City, CA 94015-2036 Phone: 650-757-1431 Staff Languages: Cantonese, Mandarin, Vietnamese Pharmacy Hours: Monday–Friday 8:45 a.m.–12:15 p.m. Monday–Friday 1:15 p.m.–5:00 p.m.</p>
<p>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: Monday 8:00 a.m.–5:00 p.m. GYN: Thursday 8:00 a.m.–5:00 p.m. Friday 8:00 a.m.–3:00 p.m.</p>	<p>CVS Drugs, Half Moon Bay 60 Cabrillo Hwy North Half Moon Bay, CA 94019 Phone: 650-726-6684 Pharmacy Hours: Monday–Friday 8:00 a.m.–9:00 p.m. Saturday 9:00 a.m.–6:00 p.m. Sunday 10:00 a.m.–5:00 p.m.</p> <p>Half Moon Bay Pharmacy 40 Stone Pine Road #1 Half Moon Bay, CA 94019 Phone: 650-726-5542 Pharmacy Hours: Monday/Tuesday 9:00 a.m.–7:00 p.m. Wednesday 9:00 a.m.–8:00 p.m. Thursday/Friday 9:00 a.m.–7:00 p.m. Saturday 9:00 a.m.–2:00 p.m.</p> <p>RiteAid 170 San Mateo Road Half Moon Bay, CA 94019 Phone: 650-726-2511 Pharmacy Hours: Monday–Friday 8:00 a.m.–10:00 p.m. Saturday 9:00 a.m.–6:00 p.m. Sunday 10:00 a.m.–6:00 p.m.</p>

Primary Care Provider Clinic	Linked Pharmacy (s)
<p>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.</p>	<p>Ravenswood Family Health Center 1885 Bay Road East Palo Alto, CA 94303 Phone: 650-330-7457 Pharmacy Hours: Monday, Wednesday, 8:00 a.m.–7:00 p.m. Thursday Tuesday 9:30 a.m.–7:00 p.m. Friday 8:30 a.m.–5:30 p.m. 1st, 2nd and 3rd 8:00 a.m.–1:00 p.m. Saturdays of the month 4th Saturday of 1:00 p.m. to 7:00 p.m. month</p>

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 has to 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 48 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 **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.

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Section 7

Participation Rules and ACE Participant Financial Responsibilities

Participation Rules

You will be enrolled in either the San Mateo County ACE Fee Waiver Program or the San Mateo County ACE Non-Fee Waiver Program.

Effective September 1, 2018, the ACE Fee Waiver program eligibility determination and enrollment will be transitioned to the Restricted Medi-Cal program. If you are enrolled in the Restricted Medi-Cal program and your income is at or below 138% of the Federal Poverty Level, you will be automatically enrolled in the ACE Fee Waiver program. Please refer to your ACE Fee Waiver rights and responsibilities on page 7 of this handbook for more information. If you would like to opt out of the Ace Fee Waiver program, you can fill out the Opt Out Form included in your ACE welcome packet or call the HPSM Member Services at **1-800-750-4776**. To remain enrolled in the ACE Fee Waiver program, you must maintain your Restricted Medi-Cal coverage and comply with the Restricted Medi-Cal annual renewal process which is managed by the San Mateo County Human Services Agency (HSA). If you have questions about Restricted Medi-Cal renewal process, you can contact the HSA at **1-800-223-8383**. Please note that there is a different policy for ACE Fee Waiver participants age 65 and above. Please call the Health Coverage Unit at **650-616-2002**. You will continue to remain enrolled in the ACE Fee Waiver Program as long as you are enrolled in the Restricted Med-Cal coverage program.

Participation in the San Mateo County ACE Non-Fee Waiver 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 Non-Fee Waiver Program after your twelve (12) months are over, you have to go through the application 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 a Community Health Advocate (CHA) 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.
- You are no longer active on Restricted Medi-Cal and that is a requirement for the ACE Fee Waiver program eligibility.

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 your income qualifies for the ACE Fee Waiver Program, the participation fee will be automatically waived.

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 a Community Health Advocate 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.

New limit for ACE participant costs

The total amount in out-of-pocket costs that you are required to pay for your benefits is now 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.**

Fee Waiver

If your income is below certain income limits, you may have qualified for the Fee Waiver. In this case, your ACE Participant Identification Card will say "Fee Waiver." If you are receiving monthly invoices but you think you qualify for the Fee Waiver, you can call the Health Coverage Unit at **650-616-2002**.

If you qualify for the Fee Waiver, you do not have to pay the \$360 Participation Fee. You do not have to pay any co-payments or other charges either. However, San Mateo County will pursue estate recovery as described above for the balance of costs associated with any hospital stays or same day surgeries that you may have while you are enrolled in the San Mateo County ACE Program.

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**.

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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 50 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 page 18 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 \$20 co-payment for each emergency dental visit if you do not pay at the time of the visit and the provider must send a bill.

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. As stated earlier, effective September 1, 2018, the ACE Fee Waiver eligibility determination and enrollment will be transitioned to Restricted Medi-Cal. Therefore, all ACE Fee Waiver participants will have Restricted Medi-Cal coverage with the exception of some participants who are age 65 and above.

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 CDP, 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

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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 Member Services. 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** (California Relay Service).

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 calendar 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 calendar days** from the date of the incident. 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 **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 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 Unit

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

Phone: **1-888-576-7227** or **650-616-2850**

Fax: **650-829-2002**

Website: 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, 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–vi. 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.





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

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