

Benefit Year 2011-2012

Healthy Way LA Member Handbook

HWLA Program

Toll-free: 1-877-333-4952

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Office Hours: Monday through Friday, 8 a.m. to 5 p.m.

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As an HWLA member, you have the right to...

Respectful and courteous treatment. You have the right to be treated with respect, dignity and courtesy from all persons providing services under HWLA. You have the right to be free from retaliation or force of any kind when making decisions about your care.

Privacy and confidentiality. You have the right to have a private relationship with your provider and to have your medical record kept confidential. You also have the right to receive a copy of, amend, and request corrections to your medical record.

Choice and involvement in your care. You have the right to receive information about your health program, its services, its doctors and other providers. You have the right to choose your medical home from the medical homes listed in your provider directory, as long as your selection has the capacity to take on a new patient. You also have the right to get appointments within 30 business days. You have the right to talk with your doctor about any care your doctor provides or recommends, discuss all treatment options, and participate in making decisions about your care. You have the right to a second opinion. You have the right to talk candidly to your doctor about appropriate or medically necessary treatment options for your condition, regardless of the cost or what your benefits are. You have the right to information about treatment regardless of the cost or what your benefits are. You have the right to say “no” to treatment. You have a right to decide in advance how you want to be cared for in case you get a life-threatening illness or injury.

Voice your concerns. You have the right to complain about the providers we work with, or the care you get without fear of losing your benefits or being harmed in any way. HWLA will help you with the process. If you don't agree with a decision, you have the right to appeal, which is to ask for a review of the decision to decide if it was right. As a HWLA member, you have the right to request a State Fair Hearing if you do not agree with our decision after review. You have the right to disenroll from the program whenever you want.

Service outside of HWLA's network. You have the right to receive treatment for an emergency medical condition outside of HWLA's network. You have the right to receive treatment for an emergency medical condition whenever and wherever you need it.

Service and information in your language. You have the right to request an interpreter at no charge instead of using a family member or friend to interpret for you. You should

not use children to interpret for you. You can get the Member Handbook in one of several other languages.

Know your rights. You have the right to receive information about your rights and responsibilities.

As an HWLA member, you have a responsibility to...

Act courteously and respectfully. You are responsible for treating your doctor and all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling at least 24 hours before your visit to cancel or reschedule.

Give up-to-date, accurate and complete information. You are responsible for giving correct information and as much information as you can to all of your providers. You are responsible for getting regular checkups and telling your doctor about health problems before they become serious.

Follow your doctor's advice and take part in your care. You are responsible for talking over your health care needs with your doctor, developing and agreeing on goals, doing your best to understand your health problems, and following the treatment plans and instructions you both agree on.

Use the Emergency Room only in an emergency. You are responsible for using a hospital emergency room only in cases of an emergency or as directed by your doctor. If you are not sure whether you should go to an emergency room, we want you to call the toll-free Nurse Advice Line to ask for advice. You can call this number (877-333-4952) any time of day or night, even on weekends and holidays. Interpreter services are available.

Report wrong doing. You are responsible for reporting health care fraud or wrong doing to HWLA.

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WELCOME: Thank you for choosing the HWLA Program!

Healthy Way LA (HWLA) is a no-cost health program that provides health care coverage to low-income uninsured adult citizens/nationals and permanent legal residents. This health care coverage is provided at Healthy Way LA medical homes and other providers in the HWLA Network.

This Member Handbook: Why is it important to you?

This Member Handbook has important information. Keep this handbook where you can find it easily. This handbook contains information on:

- How and from whom to get care
- What types of care are and are not covered
- Who to contact if you have problems

This booklet, called a handbook, contains detailed information about HWLA Program benefits, how to obtain benefits, and the rights and responsibilities of HWLA members. Please read this booklet carefully and keep it on hand for future use.

Need this handbook in another language?

Call HWLA if you would like your handbook in this language. (English)

Llame a HWLA si desea una copia del manual en este idioma. (Spanish)

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如果您想取得後述語言的手冊，請致電 HWLA。(高棉文) (Chinese)

HWLA 에게 전화를 하시면 이 핸드북을 다른 언어로 받아보실 수 있습니다. (Korean)

Tumawag sa HWLA kung kailangan mo ang handbook sa lengguwaheng ito. (Tagalog)

Call HWLA if you would like this handbook or other member materials that you may receive from HWLA Program in large print.

Whom do I call and when?

You should call your **Medical Home** – when you:

- Need an appointment
- Need a checkup
- Are sick
- Need urgent care services
- Have a health question

Your medical home's name and telephone number are on your ID card.

You should call **HWLA Member Services** when you:

- Need a new ID card
- Want to change your medical home
- Have questions about services and how to get them
- Want to know what's covered or what's not covered
- Need help getting the care you need
- Get a bill from a doctor
- Have a problem you can't resolve
- Are unhappy with anything involving HWLA
- Are unsure who to call

The phone number for Member Services is 1-877-333-4952.

You may call the **Nurse Advice Line** when you:

- Are not feeling well
- Have a health or medication question
- Are not sure whether you need to go to an emergency room

The phone number for the Nurse Advice Line is 1-877-333-4952.

Let's get started: How do I get health care?

Your medical home is responsible for making sure you get the medical care you need and are entitled to.

- You were asked to choose a medical home when you applied for HWLA

If you did not get the medical home you chose, call HWLA at 1-877-333-4952 to see if the medical home is now available.

Each member has a medical home.

Your medical home

Your medical home gives you “primary” (or basic) medical care. Health care services you can get from your medical home include:

- Routine care.
- Checkups (also called “well visits”). This is when you go to your medical home when you are not sick. It is important to see your doctor when you are not sick!
- Sick care. These visits are when you see your doctor because you are not feeling well.
- Referrals to specialists.

When you need a checkup or if you get sick, you need to go to your medical home. Call your medical home for an appointment. The phone number is on your ID card.

Call your medical home

Your first visit is important. Within the first 120 days after you join HWLA, your doctor is required to give you an initial health assessment. This means that he/she will look at your medical history, find out what your health status is today, and can begin any new treatment you might need. You and your doctor will also talk about preventive care. This is care that helps “stop” you from getting sick or keeps certain conditions from getting worse.

How to see your medical home doctor

1. Call your medical home’s office to schedule an appointment. You should get an appointment within 30 business days from the date of your call. Your medical home’s phone number is on your ID card. Be sure to call only your medical home and not another clinic, or they will refer you back to your medical home.
2. Be on time for your appointment. If you need directions, call your medical home.

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3. If you can't go to your appointment, call your medical home right away. By canceling your appointment, you allow someone else to be seen by the doctor.
4. If you miss your appointment, call right away to make another appointment.
5. Bring your ID card with you when you visit your medical home.

Important! You can still get services without your ID card. Your medical home can call HWLA Member Services so you can get care.

How to get care when your medical home is closed

If you need care when your medical home is closed (such as after normal business hours, on the weekends or holidays), call the Nurse Advice Line number that is on your ID card. This number is available to you 24 hours a day, seven (7) days a week, to help answer your health care questions and have your health concerns and symptoms reviewed by a registered nurse. The nurse will let you know if you need to see a doctor right away or if there is something you can do at home to feel better. This service is free of charge and available to you in your language.

For urgent care (this is when a condition, illness or injury is not life-threatening, but needs medical care right away), call or go to the nearest HWLA urgent care center. Urgent care centers are listed in the Provider Directory under the section "Urgent Care Centers".

If you get a bill

HWLA is a no-cost health care program. That means it is no cost to you. You should not get a bill for any services provided in the HWLA Network and covered by HWLA. Please call HWLA right away if you receive a medical bill. You may get a medical bill if you go to an emergency room that is not in the HWLA network or is located outside of L.A. County. If this happens, then you may be billed. Do not pay the medical bill. Instead, call Member Services for instructions on where to mail the bill.

What is a second opinion?

You have the right to ask for and get a second opinion at no cost to you. You also have the right to ask for a timely response to your request for a second opinion. A second opinion is a visit with another doctor when:

- You question a diagnosis for a chronic condition or for a condition that endangers your life or body. (A diagnosis is when a doctor identifies a specific condition, illness or disease.)
- You do not agree with your medical home doctor or specialist's treatment plan. (A treatment plan is the care that the doctor says is best for you, based upon the doctor's diagnosis.)
- You would like to make sure your treatment plan is right for you.

The second opinion must be from a qualified health care professional in the HWLA Program network. (A qualified health care professional is a person who has the training and expertise to treat or review a specific medical condition.)

How to get a second opinion

To get a second opinion:

1. Talk to your medical home doctor and let him/her know you would like to see another doctor and the reason why.
2. Your medical home doctor will refer you to a qualified health care professional. If you are requesting a second opinion about a diagnosis that your medical home doctor made, the second opinion will be from a doctor of your choice from the same medical home. If you are requesting a second opinion about a diagnosis that your specialist made, a second opinion must come from a specialist in the network.
3. Bring your ID card to the second opinion appointment.

You may complain to HWLA if your medical home or doctor denies your request for a second opinion or if you do not agree with the second opinion. This is also called “filing a grievance.” For more information on filing a grievance, see the “Complaints” section of this handbook.

How to get health care that your medical home can't give you

Sometimes you need care your medical home can't give you. You may need care from a specialist or a hospital. To see a specialist or for treatment at a hospital, your medical home doctor must authorize (or okay) the care, and give you a “referral.” A referral is a request from your medical home doctor to another doctor or to the hospital for health care services or treatment. Your medical home doctor will start the referral process. You **MUST** get a referral **BEFORE** you get specialized health care services or treatment at a hospital (except for emergency care).

Routine referrals may take up to 30 business days. Please call your medical home or Member Services if you do not get a response within that time.

If a referral is not approved, your medical home doctor will tell you why. You will receive a letter explaining why the referral was denied. If you do not agree with the explanation given, you may file a complaint. This is also called an “appeal.” For information on how to file a complaint, turn to the “Complaints” section of this handbook.

Care for an emergency medical condition anywhere does not need a referral.

How to get a standing referral with a specialist

You may need to see a specialist (or other qualified health care professional) for a long time if you have a condition or disease that is chronic (such as diabetes or asthma), life-threatening, or disabling.

This is called a “standing referral.” A standing referral is made to a specialist who is in HWLA's network for a certain number of visits.

A standing referral needs an approval by HWLA. You can ask your medical home doctor for a standing referral. Or, your doctor can ask HWLA for a standing referral. Once you have a standing referral, you will not need permission for each visit with the specialist.

Your specialist will develop a treatment plan for you. The treatment plan will show how often you need to go to the doctor. Once the treatment plan is approved, the specialist will coordinate the care you get. This specialist will be authorized to provide health care services the same way your medical home doctor would, based on his or her skill, training and the treatment plan.

HWLA Member ID Card: How do I use it?

What to do with your ID card

Along with this handbook you received an ID card. If you did not receive an ID card, call HWLA Member Services right away.

Your ID card has important information on it, including:

- Your medical home name, address and phone number
- Your member ID number
- The 24-hour Nurse Advice Line phone number
- The Member Services phone number
- The Mental Health Access Center phone number

Here's what to do with your ID card:

- Check to make sure the information on your ID card is correct. Is your name spelled right? Is your birth date right? If anything on your ID card is wrong, call HWLA Member Services at 1-877-333-4952 right away.
- Keep your ID card in a safe place. If you lose or damage your ID card, call Member Services.
- Have your ID card with you whenever you:
 - Have a doctor's appointment
 - Go to the hospital
 - Need emergency services
 - Pick up a prescription
 - Call the Nurse Advice Line
 - Call Member Services

Never let anyone use your ID card as though it were their card. This is called fraud. You can lose your HWLA benefits if someone else uses your ID card to get care.

HWLA provider network: Who gives me health care?

In most cases, you need to get care within HWLA's network. That is not the case if you need emergency care. You can learn more about this in the "Emergency care: How do I get care in an emergency?" section of this handbook.

Your medical home doctor gives you most of your care

Your medical home is responsible for making sure you get the health care benefits you need and should receive from HWLA.

How to change your medical home

You may have picked your medical home or it was chosen for you based on how close you live to the medical home. It is best to stay with the same medical home. Your medical home gets to know your health history and health needs. If you can't stay with the same medical home, you can choose a new one from the HWLA network shown in the Provider Directory mailed to you with this handbook.

You can change your medical home once a month and it will become your medical home on the first day of the next month, as long as the chosen medical home is still able to take more enrollees. To change your medical home, call Member Services. If your medical home of choice is full, you will have to choose another medical home.

The medical home you choose may not agree to treat you and may ask HWLA to make a change. This can happen if:

- You are disruptive or disrespectful to your doctor or your medical home's office staff.
- You do not follow your doctor's treatment plan.
- The service or care you need is not within the doctor's scope of care.

How to get care from a specialist

Your medical home doctor is the doctor who makes sure you get the care you need when you need it. Sometimes your medical home doctor will send you to a specialist. A "specialist" is a doctor who is an expert in a certain kind of health care. These specialists are within your medical home's network. If you need care from a specialist, your doctor and HWLA must approve these services before you receive them.

Care outside of HWLA Program network

As a member of HWLA, your service area is Los Angeles County. For non-emergency care, all health care services are provided in Los Angeles County. Non-emergency care outside of L.A. County is not covered.

Within LA County, you need to get most care within HWLA's network. However, you can always get emergency care at any hospital emergency department. Tell them you are a HWLA member or show them your ID card.

If you get non-emergency care from a doctor or other provider that is not a part of HWLA's network or outside of Los Angeles County, you may be billed by the provider and you may have to pay.

What is covered: What kinds of health care can I get from the HWLA Program?

In order for you to get any health care service through HWLA, the service must be a covered benefit.

“Covered benefits” are those services that HWLA is required to make sure you can get.

Covered benefits are:

- Medical equipment and supplies –Supplies and equipment that are medically necessary for medical or surgical care. These include, but are not limited to, ostomy supplies, disposable diabetic supplies, and some drainage and irrigation supplies.
- Emergency care services (including transportation)-- Emergency services and care include ambulance, medical screening, examination, and evaluation by a doctor or appropriate personnel. Emergency services include treatment for both physical and psychiatric emergency conditions.
- Acute inpatient hospital services — Medically necessary emergent or elective services provided in a hospital. Medically necessary means that they are reasonable and necessary in establishing a diagnosis and providing palliative, curative, or restorative treatment for physical and/or mental health conditions in accordance with generally accepted standards of medical practice. Emergent means they are needed immediately. Elective means they are beneficial to the patient but they are not urgently needed. All elective inpatient services require prior authorization from your doctor.
- Laboratory services—These include blood work, urine tests and throat cultures and are medically necessary services that must be ordered by your doctor.
- Certain mental health services-- These services may include treatment for anxiety, depression, and other emotional or behavioral problems. Your medical home doctor will provide you with some outpatient mental health services within the scope of his or her training and practice. Call your medical home doctor for more information about mental health services available through your

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medical home. You may also directly call the Department of Mental Health Access Center Line at 1-800-854-7771.

- Outpatient hospital services—Services that are provided under the direction of a doctor but do not include an overnight stay. They may include any doctor-ordered necessary diagnostic services or specialty care. Your doctor may need to obtain prior authorization before referring you to these services.
- Physical therapy—Services include exercises to improve and maintain a patient’s ability to function after an illness or injury. Services must be medically necessary and ordered by a doctor.
- Physician services (including specialty care)—All primary care and specialty care physician services are a covered benefit. Specialty care services will require a referral by your medical home doctor for prior authorization approval.
- Podiatry—Specialty care for foot problems. Podiatry services are limited and require prior authorization except when received on an emergency basis.
- Radiology—Includes routine x-rays, MRI, CT scans, or other tests that are medically necessary and are ordered by your doctor.
- Urgent care-- Urgent care is when a condition, illness or injury is not life-threatening, but needs medical care right away. It can be provided by your medical home within 48 hours or by an urgent care clinic.
- Women’s health—Services include preventive screenings, such as mammograms, pap smears, and chlamydia screenings.
- Prescription drugs and over-the-counter drugs– Medications that are included on the HWLA formulary. A formulary is a list of pre-approved medications that are available to HWLA members when they have a prescription from a HWLA doctor filled at a HWLA pharmacy. You can call Member Services to request a copy of the formulary.
- Transportation in certain cases -- Two types of transportation are available to members. The first kind is emergency transportation. This is used when you have an emergency and call 911, and an ambulance takes you to the hospital emergency room. The second kind is non-emergency medical transportation to medical appointments. This is transportation for members needing a wheel-chair van or litter van, and must be requested by your medical home and pre-approved by HWLA in advance.

Emergency Services

Care for an emergency medical condition is covered 24 hours a day, seven (7) days a week in any hospital emergency department.

An emergency medical condition is one where a regular, sensible person would believe needs treatment right away or his or her health will be seriously at risk or will lead to serious harm to a bodily function, organ or part.

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Emergency services and care include ambulance, medical screening, examination, and evaluation by a doctor or appropriate personnel. Emergency services include both physical and psychiatric emergency conditions. You can learn more about these in the “Emergency care: How do I get care in an emergency?” section of this handbook.

Nurse Advice Line

You are able to call the Nurse Advice Line 24 hours a day, seven (7) days a week. You can reach a nurse by calling 1-877-333-4952.

Why should I call?

The top 4 reasons to call the Nurse Advice Line are:

1. You feel sick and you need help, even at night or on weekends.
2. You want to talk to a nurse right away.
3. You need help with a cough or a cold.
4. You have a question about your health.

What happens when I call?

The nurse will ask you some questions. Tell the nurse how you feel, where it hurts, and what it looks like. The nurse will help you decide what to do. They can tell if you need to see a doctor, need to get care right away or if it’s okay to wait, or if you can do something at home to feel better.

Make sure you have your ID card with you. The nurse will ask you for your ID number.

Health Education Services

HWLA has health education materials, programs and services to help you stay healthy and take care of yourself. These programs are free. Health education services can help members by:

- Promoting health
- Preventing diseases
- Helping you manage chronic diseases, like diabetes, cholesterol and high blood pressure

Learn more about these topics by talking to your medical home doctor and asking for health education materials and a schedule of classes.

Transportation

Emergency transportation is for a member that believes it is necessary to stop or relieve serious illnesses or symptoms, including pain or injury, that require immediate diagnosis and treatment. Emergency transportation (ambulance) or ambulance transport services provided through the "911" emergency response system will be covered in a medical emergency when medically necessary.

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Non-emergency medical transportation to medical facilities is covered when your medical and physical condition does not allow you to take regular means of public or private transportation (car, bus, etc.) and you have a written prescription from your doctor and advance permission from HWLA. Examples of non-emergency medical transportation include, but are not limited to, litter vans and wheelchair vans. This also includes non-emergency transportation for the transfer of a member from a hospital to another hospital or facility, or facility to home when the transportation is:

- Medically necessary, and
- Requested by the medical home doctor, and
- Authorized in advance by HWLA.

Non-emergency medical transportation is available if your physical condition prevents you from driving or taking public transportation to a medical appointment, or you have no other form of transportation available and the physician with whom the appointment is scheduled states that you need non-emergency medical transportation to and from the appointment on a specified date. If you need non-emergency medical transportation, please call your medical home or Member Services to see if you qualify for these services. You must have approval to get these services before the services are given.

Exclusion: HWLA does not cover transportation in regularly available vehicles, such as airplane, passenger car, bus or taxi.

Mental health services

For mental health services contact your medical home or the Department of Mental Health Access Center Line at 1-800-854-7771.

Covered mental health services may include treatment for anxiety, depression, and other emotional or behavioral problems. Your medical home doctor will provide you with some outpatient mental health services within the scope of his or her training and practice. Call your medical home doctor for more information about mental health services available through your medical home.

Specialized mental health services may be needed if your mental health problem is limiting an important area of life functioning. If this care is beyond your medical home doctor's training and practice, these services will be provided through the Los Angeles County Department of Mental Health (LACDMH). You can receive services from LACDMH with or without a referral from your doctor. LACDMH can be reached toll-free at 1-800-854-7771.

Non-covered services: What is not covered by HWLA?

The following is a list of services not covered by HWLA:

- Cosmetic surgery (surgery performed to alter or reshape normal structures of the body in order to improve your appearance)
- Experimental and investigational services
- Infertility related care
- Immunizations (shots) for sports, work or travel
- Personal comfort items such as phones, television and guest tray when in the hospital
- Supplies and equipment whose purpose is not primarily medical, such as tables and pots
- Dental services
- Physicals for work and sports reasons
- Any service which is not medically necessary

If you have questions about what is covered or not covered, please call Member Services.

Pharmacy benefits: How do I get prescription drugs?

What is a pharmacy?

A pharmacy is a place to get your prescriptions filled. Your medical home will direct you to where to fill your prescriptions.

What is a prescription?

A prescription is an order from your doctor for a drug (medicine) or medical supply that you need to have.

How to get a prescription filled

1. Bring your prescription to the specific HWLA pharmacy that your medical home sends you to.
2. Show the pharmacy your HWLA ID card.
3. Make sure the pharmacy knows about all medications you are already taking and any allergies you have to any medicine.

You will have access to medications that are included on the HWLA formulary. A formulary is a list of pre-approved medications that are available to HWLA members when they have a prescription from a HWLA doctor filled at a HWLA pharmacy.

You should not be asked to pay for covered prescription drugs. Call Member Services if a pharmacy asks you to pay. However, if you use an out-of-network pharmacy or a prescription from a non-HWLA doctor, you will have to pay for the cost of that prescription.

Emergency care: How do I get care in an emergency?

There is a difference between needing care urgently and an emergency. Urgent care is when a condition, illness or injury is not life-threatening, but needs medical care right away.

How to get urgent care

1. Call your medical home to see if they can see you OR
2. Go to an urgent care clinic. These clinics are listed in the Provider Directory under “Urgent Care Centers” OR
3. Call the Nurse Advice Line if you are not sure what to do.

What is emergency care?

Emergency services for an emergency medical condition are covered in any hospital emergency department– 24 hours a day, seven (7) days a week. An emergency medical condition is a situation where a regular, sensible person would believe that not getting treatment right away will put his or her health at serious risk or could lead to serious harm to a bodily function, organ or part.

Emergency services and care include ambulance, medical screening, examination, and evaluation by a doctor or other medical personnel, as well as treatment and testing. Emergency services include both physical and psychiatric emergency conditions.

Examples of emergencies include but are not limited to:

- Having trouble breathing
- Seizures (convulsions)
- Lots of bleeding
- Unconsciousness/blackouts (when you can’t wake up)

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- Lots of pain (including chest pain)
- Swallowing of poison or medicine overdose
- Broken bones
- Head injury
- Eye injury

Examples of psychiatric emergency medical conditions include but are not limited to:

- Serious thoughts or actions about hurting yourself or someone else
- Unable to care for yourself, such as being unable to feed, shelter or dress yourself due to a mental disorder

If you think you have a health emergency, call 911. You are not required to call your medical home doctor before you go to the emergency room.

Do not use the emergency room for routine (regular) health care or health care that could wait until you see your doctor or go to an urgent care center, otherwise you may have to pay for the cost of your care.

What to do in an emergency

Call 911 or go to the nearest hospital emergency department if you have an emergency. Emergency care is covered at all times and in all places. Emergency services do not require a referral or okay from your medical home doctor.

Outside of Los Angeles County?

If you are admitted to a hospital not in HWLA's network because of a medical emergency, HWLA has the right to move you to a network hospital as soon as it is medically safe. If you do not want to move, you will have to pay for your care.

You may need hospital care after an emergency and after you are stabilized, so that you stay stabilized or so you get better. This is called post-stabilization care. If you do need this care, the hospital will call HWLA to ask for an okay to keep treating you there. The hospital may ask you for your name and phone number. Show the hospital your ID card. If you don't have your ID card, tell them to call HWLA Member Services. If HWLA okays your post-stabilization care, you do not have to pay for it.

Your medical home doctor must provide or set up follow-up care when you leave the hospital.

What to do after an emergency

1. Follow the instructions of the emergency room doctor.

2. Call Member Services within 24 hours of receiving emergency care or as soon as you can.
3. Call your medical home to make an appointment for follow-up care.

How to get emergency transportation

Call 911 if you have an emergency. Ambulances for emergencies are paid for by HWLA as long as you had a reasonable belief that an emergency condition existed at the time of the service.

Not sure you have an emergency?

If you are not sure, call your medical home or the Nurse Advice Line. Do what your medical home or the Nurse Advice Line tells you to do. Non-emergency problems may include, but are not limited to, the following: earaches, colds, the flu and sore throats. **Do not call 911 for non-emergency problems. Call your medical home or the Nurse Advice Line instead.**

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

Information in other languages

You have the right to receive all member materials in one of the following six languages: English, Spanish, Armenian, Chinese, Korean and Tagalog. Call Member Services if you need any member materials to be translated to you over the phone in a language other than those six listed above.

Interpreters for members who don't speak English or are hearing or speech impaired

We know doctors and other providers must understand you so that you can get the health care services you need. Laws like the Civil Rights Act of 1964 and the Americans with Disabilities Act (ADA) of 1990 protect you if you do not speak English or have a disability and need help communicating with your doctor.

Your medical home or hospital can't deny services to you because you do not speak English or have a disability. You have the right to free interpreting services including American Sign Language interpreters when getting health care services. An interpreter is a person who helps you understand what is being said by the person who is giving you care by repeating or restating what was said in your language or in a way that you can understand. An interpreter also tells the other person what you said, but in the language that person understands. This allows people who speak different languages or who use sign language to talk with and understand each other. This is also more private because you are not using your child, family member or friend to interpret for you.

If you need interpreting services

Interpreting services in your language, including American Sign Language, are free – 24 hours a day, seven (7) days a week.

Call HWLA Member Services at 1-877-333-4952 if you need interpreting services. We will work with you and your medical home to make sure you can have services in a language you understand.

California Relay Service. The California Relay Service (CRS) helps a person using a TTY to communicate by phone with a person who does not use a TTY. CRS can also help a non-TTY user call a TTY user. Trained operators take phone calls and help hearing people and non-hearing people communicate.

Free statewide access for voice or TTY/TDD is 1-888-877-5379 voice (SPRINT) or 1-800-735-2922 voice (MCI). Members and providers can also dial 711 on their phones to call the California Relay Service directly.

Protection for people with disabilities

The Americans with Disabilities Act (ADA) of 1990 is a law that protects people with disabilities from being treated unfairly. A disability is a physical or mental condition that totally or seriously limits a person's ability in at least one major life activity. This law protects people who:

- Are any age, who have disabilities
- Have disabilities such as hearing, speech or vision loss, developmental disabilities, and other types of disabilities
- May not look like they have a disability or had a disability in the past

The ADA makes sure there are equal chances for people with disabilities in employment and in state and local government services, including health care.

A medical home or hospital can't deny you services because you cannot hear well, cannot see well, or have other disabilities. Call Member Services right away if you don't get the services you need or if services are hard to get.

Here are some telephone numbers that can help you if you have a disability or want more information about the Americans with Disabilities Act (ADA):

ADA Information Line:

1-800-514-0301 (Voice) or

1-800-514-0383 (TDD)

Remember: Tell your medical home if you need an interpreter, require extra time during your visit, or need help because of a disability.

Complaints

You can also file a complaint if:

- You can't get an interpreter
- You couldn't get information in your language
- You feel that you were denied services because of a disability

You can learn more about this in the "Complaints: What should I do if I am unhappy?" section of this handbook.

Complaints: What should I do if I am unhappy?

If you are not happy with services received, or have questions about the service or care given to you, you have the choice to talk about it with your medical home doctor. Your medical home doctor may be able to help you or answer your questions.

At any time, you, your Member Representative, or anyone you ask to, can file a grievance (or complaint) with the HWLA Program. A Member Representative is a person or persons chosen by the member, through a written statement, to represent them in the State of California as a healthcare proxy, or a trustee named in a durable power of attorney, or a court appointed guardian. Also known as a Personal Representative(s), a Member Representative can be a spouse, relative, friend, advocate, doctor, practitioner, or someone designated as a representative by the member under Durable Power of Attorney, or as a legal/court-appointed guardian.

HWLA can't take away your health care benefits or do anything to treat you differently from anyone else if you file a grievance or an appeal, or use any of your privacy rights in this handbook.

What is a grievance?

A grievance is a formal statement of dissatisfaction or complaint that is given to HWLA to be investigated and resolved.

- You have the right to file a grievance within 60 calendar days from the date that something happens which makes you unhappy with the service or care given to you by your medical home doctor, specialist, hospital, pharmacy and/or HWLA staff.

How to file a grievance

You have many ways to file a grievance. You can do any of the following:

- Fill out a grievance form at your medical home. Your medical home will have grievance forms available in its clinic. Staff at your medical home will help you fill out the form if you want them to.
- Write, visit, fax or call the HWLA Grievance Coordinator.

Administrative Grievance Coordinator
1100 Corporate Center Drive
Monterey Park, CA 91754
1-877-333-4952
1-626-308-1582 (fax)

- The HWLA Program can help you over the phone or in person, to fill out the grievance form. Or we can send you a grievance form to fill out and send back to us.

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- You do not have to use the grievance form. You may state your grievance in a letter or other writing which is given to HWLA.
- We will make interpreting services or language help available to you to help with the grievance process.

What happens to your grievance?

We will look into your grievance. You may give us information or papers that will help us understand your position or that support it. You may speak for yourself during the grievance process or you may choose someone else to act for you, like a friend or family member. This person does not have to qualify as a Member Representative.

In most cases, you will receive a letter stating that HWLA received your grievance and is working on it. Then, within 60 calendar days of getting your grievance, HWLA will send you a letter explaining its decision. If your grievance is easy to resolve, we will state that we got your grievance and explain our decision in the same letter.

If you receive a Notice of Action letter and don't agree with the decision, you have the right to appeal this decision.

What is an appeal?

An appeal is a written or oral request from a HWLA member for the review of an "action." An action is when HWLA:

Decides you do not qualify, or not longer qualify, for HWLA;

Decides that you will not get a service or will get less than your doctor asked for;

Decides that you will no longer get or will get less of a service that you were already getting;

Does not provide services to you timely; or

Does not process your appeal in a timely manner.

A notice of action is a letter you get that says that an "action" has happened.

How to file an appeal

An appeal of an action must be filed within 60 calendar days of the date of the Notice of Action letter that you receive.

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You may file an appeal by filing out an appeal form. Your medical home should have copies of the appeal form for your use. You may also appeal by writing to HWLA Member Services. If you do not use the form, you should be sure to state the date of the Notice of Action, the type of action you are unhappy about and why you think that it is wrong.

You may also call Members Services and they will help you file the appeal, including helping you complete an appeal form. Member Services' address and phone number are: 1100 Corporate Center Drive Monterey Park, CA 91754; 1-877-333-4952.

If you need interpretation services, language or any other form of help in order to take part in the appeal process, we will provide them.

HWLA may take as long as 45 days to decide your appeal. If you believe that waiting this long could seriously put your life or health at risk, or put at serious risk your ability to get back the most function possible, you can ask for an "expedited appeal." Expedited appeals are decided, and you will be told about the decision, within 3 business days of when we get the appeal request.

How to keep services going while your appeal is going on.

In some cases you may not agree with a HWLA decision to limit or end services you are already getting. It may be possible for you to have those services continue while your appeal is going on. To have treatment continued, the following four requirements must all be met:

- 1) You ask for your appeal within 10 days of the date of the Notice of Action letter or by the effective date of the action, whichever is later;
- 2) The services must have been ordered by a HWLA provider;
- 3) The original period of approved services has not ended; and
- 4) You must directly ask to keep the treatment going while the appeal is pending.

If HWLA is correct, and the appeal determines that the treatment should have been stopped or limited, you will have to pay for the services you received while the appeal was going on. If the appeal determines that you should have received the treatment, then you will not be expected to pay anything for the care.

Except as discussed above, an action is effective while the appeal process goes on; filing an appeal does not stop the action from taking place.

What happens after you file an appeal?

You will receive a letter stating that HWLA received your appeal.

HWLA staff will investigate, and will review the information that was used to make the decision. You may provide us with papers which support your position. You can do that at the same time you request your appeal or later; however, you must get those papers to us within 10 calendar days of the date the letter saying that HWLA has received your appeal. Papers received from you after those 10 days have passed may not be considered in making the final decision. Your papers or other information you want to have HWLA look at during the appeal should be sent to the Member Services address listed on page 18. Before and during the appeal process, you will be able to look at your case file (except, in some limited cases, certain mental health professional notes). The case file includes medical records, other written notes, documents or other information related to your appeal.

If you ask for it, we will have a telephone or in-person meeting with the person reviewing your case, where you can state your position and provide information. If you ask before the meeting, you will also be able to examine and cross examine witnesses. You must request this meeting within 10 days of the date of the letter saying that HWLA has received your appeal. You should make your request by calling or writing Member Services. You may speak for yourself during the appeal process or you may choose someone else to act for you, like a friend or family member. This person does not have to qualify as a Member Representative.

Expect in the case of expedited appeals, your appeal will be investigated and a decision will be mailed to you within 45 days after we receive the appeal, although in a few cases, we may take fourteen additional days to reach a decision. If we are going to take more than 45 days, we will let you know

If you don't agree with the outcome of your appeal

If you don't agree with the decision made on your appeal, you can request a State Fair Hearing.

State Fair Hearing

A State Fair Hearing is the way you can have HWLA's decision on your appeal reviewed if you think it is wrong. You can present your case directly to the State of California. You must request a State Fair Hearing within 90 days of the date on the appeal decision letter. You can ask for a State Fair Hearing by calling or writing to the California Department of Social Services State Hearings Division. Their phone number and address will be included in the letter you get from HWLA with the decision about your appeal.

If your appeal has to do with a decision by HWLA to terminate, or limit services that HWLA had already said you could have, you may be able to continue receiving those services while the State Fair Hearing process goes forward. To be able to continue to receive the treatment, all of the following must happen:

- 1) You had timely requested that your benefits keep going while the HWLA appeal was being decided and that request was granted;
- 2) The services must have been ordered by a HWLA provider;

- 3) The original period of approved services has not ended; and
- 4) You ask for a State Fair Hearing within 10 days of the date of HWLA's decision in your appeal.
- 5) You must directly ask to keep getting the treatment while the State Fair Hearing process is on going.

If HWLA is correct, and the State Fair Hearing determines that the treatment should have been stopped or limited, you will have to pay for the services you received while the State Fair Hearing process was going on. If the State Fair Hearing determines that you should have received the treatment, then you will not be expected to pay anything for care provided either during the appeal or during the State Fair Hearing process.

Confidentiality: What are my privacy rights?

You have the right to keep your medical records confidential. That means that only people who need to see your records in order for you to get good health care will see them. A Notice of Privacy Practices (NOPP) is provided to you in this handbook. If you would like another copy of this information, call Member Services.

Health information privacy

We want you to know the things that HWLA does to keep health information about you and your family private. To keep health information about you and your family private, the HWLA Program:

- Handles health information the same way, every time
- Reviews the way health information is handled
- Follows all laws about the privacy and confidentiality of health information

All HWLA staff members with access to your health information are trained on privacy and information security laws. They follow HWLA policies and procedures to protect conversations about you as well as written and electronic documents that contain protected health information about you. Employees even sign a note that promises they will keep all health information private. For example, employees are not allowed to speak about your information in elevators or hallways. Employees must also protect any written or electronic documents containing your health information across the organization. Employees have access only to the amount of information needed to do their job. HWLA computer systems protect your electronic health information at all times by using various levels of password protection and software technology. HWLA does not give out health information to anyone or any group that does not have a right to the information by law.

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HWLA needs information about you so that we can give you good health care services. The routine collection, use and disclosure of your protected health information and other kinds of private information include:

- Name
- Gender
- Date of birth
- Language you speak
- Home address
- Home or work telephone number
- Employer and occupation
- Whether you are married or single
- Health history

HWLA does not have complete copies of your medical records. We may get this information only as needed from you or any of these other sources:

- A conservator
- Your medical home
- Your health records

Before HWLA gives your health information to someone else or another group, we need your approval in writing. However, there are times when we don't have to get your approval in writing. This may happen when:

- A court, arbitrator or similar agency needs your health information
- A subpoena or search warrant is requested
- A coroner needs your health information
- A law requires us to provide your health information
- Your health information is needed for treatment, payment or for health care operations

We may give your health information to another health facility to:

- Make a diagnosis or give treatment
- Make a payment for your health care
- Review the quality of your health care

Sometimes, we may also give your health information to:

- Groups who license health care providers

- Public agencies
- Investigators
- Probate courts
- Organ donation groups
- Federal or state agencies as required by law

Please note that we won't tell anyone the results from any genetic testing.

If you have any questions, would like a printed copy of the NOPP mailed to you, would like to pick up a paper copy of the NOPP, or would like to know more about the privacy, information security and confidentiality of your health information, please call Member Services.

If you believe that your privacy has not been protected, you have the right to complain. You can file a grievance (complaint) by contacting HWLA Member Services or you can contact the Department of Health Care Services (DHCS) at 1-916-255-5259, TTY at 1-877-735-2929, or the U.S. Office of Civil Rights 1-866-627-7748, TTY 1-866-788-4989. These phone numbers are available to you 24 hours a day, seven (7) days a week. All calls are confidential. All calls are free except for 1-916-255-5259.

Protect yourself from identity theft

Here are some steps you can take to help prevent your personal information from being stolen, also known as identity theft:

- Protect your member ID card like you protect your bank or credit cards.
- Take your ID card to your doctor's appointment. Avoid speaking about your membership information, personal facts or saying your social security number out loud or to other people.
- Don't give out your personal information unless it is asked for by your doctor, medical home, hospital, or other medical staff.

Fraud and Waste: How to identify it and report it

Fraud

Fraud includes, but is not limited to, using someone else's medical benefits for your health care services, using someone else's social security number to qualify for government assistance or giving untrue information or using fake documents to support an application for HWLA. If you commit fraud you may lose your HWLA coverage.

Other people can commit fraud too. That includes when a doctor bills for services that were not provided, or a pharmacy claims for a different drug than the one it gave to the patient.

Waste

Waste is the planned use, throwing away, or spending of health care or government resources in an unwise and wrong manner. Examples of waste include:

- Prescribing more medication than is medically necessary
- Providing more health care services than are medically necessary

How to report fraud and waste

If you suspect someone of using your information or committing fraud, waste or abuse, please call Member Services. This number is available 24 hours a day, seven (7) days a week.

Why should you care about fraud, waste and abuse?

Health care fraud, waste and abuse are serious issues. Fraudulently received benefits or services impact the cost of your health care services. The cost of health care impacts the benefits available to you.

Preventing health care fraud

Here are a few helpful tips on how you can help prevent health care fraud:

- Do not give your ID card or ID card number to anyone except your doctor, medical home, hospital, health care provider, the Nurse Advice Line, or Member Services.
- Do not let anyone borrow your ID card.
- Never loan your social security card to anyone.

Beware of anyone who offers you free medical services in exchange for your ID card. You should never give away your ID card to anyone in exchange for free medical services.

HWLA: How can I make sure I don't lose my coverage?

Keeping your HWLA eligibility

To stay in HWLA, you must be eligible for it. "Eligible" means that a person meets certain requirements to receive benefits from programs like HWLA. HWLA will check to make sure you still meet the requirements for HWLA membership once per year.

If you lose HWLA eligibility, you will not be able to keep your benefits with HWLA.

Be sure to fill out and return any information requested before the due date on the letter or form. If you have any questions about your eligibility, call your medical home. Your membership in HWLA lasts one year. Every year you need to renew your membership with your medical home. Your medical home will ask you to bring in current income documentation to see if you are still eligible for HWLA.

If you move, you must tell us!

Don't lose your HWLA coverage if you move! HWLA must have your address so they can send you mail to renew and stay eligible.

If you move but still live in Los Angeles County, please:

1. Call your medical home right away. They will need to see proof of your new address (e.g., utility bill).

OR

2. Call HWLA Member Services. They will explain to you what you need to do.

Disenrollment

To "disenroll" means you leave HWLA and are no longer a member.

Voluntary disenrollment

Voluntary disenrollment is when you choose to end your membership in HWLA for any reason. If you want to disenroll from HWLA, call Member Services or your medical home. They will send you a disenrollment letter with a date of disenrollment on it. You may continue to receive services through HWLA until your date of disenrollment.

Involuntary disenrollment

Involuntary disenrollment is when you are disenrolled for a reason other than your own choice. You will lose coverage with HWLA, if any of the following happens:

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- You move out of Los Angeles County
- You turn 65 years of age
- You do not renew your membership every year
- You become eligible for Medi-Cal
- You start to have more income than the maximum allowable income for HWLA

You can also be disenrolled from HWLA, if:

- You take part in any fraud having to do with services, benefits or facilities of the plan
- HWLA Program is not able, in good faith, to give health care services to you. HWLA Program will use their best efforts to provide the needed services

If you are disenrolled from HWLA, we will send you a letter that says when your coverage will end and why. You may file an appeal by following the directions under “How to File an Appeal” in the Complaints section of this handbook.

More important information: What else do I need to know?

If you travel outside of Los Angeles County

As a member of HWLA, your service area is Los Angeles County. All locations outside of Los Angeles County are out of your service area.

Routine care is not covered out of the service area. Emergency services are covered outside of Los Angeles County.

If you have other insurance

Please call Member Services at 1-877-333-4952 to tell us about any health insurance you have other than HWLA.

What is an advance directive?

An advance directive is a signed legal document that specifies your wishes regarding the health care services you may need or want if you do not have the physical or mental ability to express your wishes. If you have an advance directive, we will obey it. You also have the right under state law to choose someone else to make your health care decisions for you if you are not able to. An advance directive must be signed when you are able to make your own decisions. HWLA will tell you about any changes to state law about advance directives. We will send you this information as soon as possible but no later than 90 days after the date of change. Ask your medical home or call Member Services to find out more about advance directives.

Glossary of Terms

This glossary will help you understand words used in this Member Handbook.

Acute is a word used for a serious and sudden condition that lasts a short time and is not *chronic*. Examples include a heart attack, pneumonia or appendicitis.

Advance Directive is a signed legal document that expresses your decision about your end-of-life care ahead of time.

Americans with Disabilities Act (ADA) is a law that protects people with disabilities from not being treated fairly. The ADA law makes sure there are equal chances for people with disabilities in employment and state and local government services, including health care.

Appeal is a written or oral request from a HWLA member for the review of a specific action.

Behavioral or mental health services are given for the diagnosis or treatment of a mental or emotional illness.

Benefits are the health care services, supplies, drugs and equipment that are covered by HWLA.

Chronic is a word used for a condition that is long term and ongoing, and is not acute. Examples include diabetes, asthma, allergies and hypertension.

Complain/Complaint is a written expression of dissatisfaction. A complaint is also known as a grievance.

Diagnostic/Diagnosis is when a doctor identifies a condition, illness or disease.

Disability is a physical or mental condition that substantially limits a person's ability to perform at least one major life activity.

Disenroll/Disenrollment is when a member leaves HWLA.

Due Process is a system to resolve member disputes fairly and impartially and includes member input.

Eligible/Eligibility means that a person meets requirements to receive benefits from programs such as HWLA.

Enroll/Enrollment is when a member joins HWLA.

Emergency Medical Condition is one where a regular, sensible person would believe needs treatment right away or his or her health will be seriously at risk or will lead to serious harm to a bodily function, organ or part.

Exclusions are any medical, surgical, hospital or other treatments which the program does not cover.

Expedited Review is an appeal that must be resolved as quickly as possible because it involves an imminent or serious threat, including but not limited to, severe pain or the potential loss of life, limb or major bodily function. With an expedited review, HWLA will resolve the appeal as quickly as the medical condition requires and no later than 3 business days.

Food and Drug Administration (FDA) is the U.S. government agency that enforces the laws on the manufacturing, testing, and use of drugs and medical devices.

Formulary is a list of pre-approved medications that are available to HWLA members when they have their prescription filled at a HWLA pharmacy.

Grievance is sometimes called a complaint. A grievance is the process used when a member is not happy with his or her treatment by HWLA.

Health care services prevent, diagnose and treat disease.

Hospital is a licensed facility that provides inpatient and outpatient care.

Life-threatening is a disease, illness or condition that may put a person's life in danger if it is not treated.

Medical home is the clinic that coordinates your medical care.

Medical home/Provider directory is a list of medical homes with HWLA.

Medically necessary/Medical necessity refers to services to be covered and required that are reasonable and necessary to protect life, prevent significant illness or significant disability, or to ease severe pain.

Member is a person who has joined HWLA.

Member Handbook is what you are reading right now. It has information about the benefits, services and terms offered by the HWLA Program.

Member Representative is a person or persons appointed by the member, in a written statement, to represent them in the State of California as a healthcare proxy or a trustee named in a durable power of attorney or court appointed guardian or conservator. Also known as Personal Representative(s), a Member Representative may be a spouse, relative, friend, advocate, your doctor, a practitioner or someone designated as a representative by the member under Durable Power of Attorney, or as a legal/court appointed guardian.

Member Services is HWLA's department that helps members with questions and concerns.

Mental or behavioral health services are given for the diagnosis or treatment of a mental or emotional illness.

Network is the system of clinics and hospitals that are part of the HWLA Program.

Non-contracted provider is a doctor or provider who is not under contract with HWLA to provide services to members.

Notice of Action is a letter used to notify a member that HWLA has taken an action to deny or end eligibility, or modify, end, suspend, delay or deny treatment.

Notice of Privacy Practice (NOPP) informs the member how medical information may be used and distributed by HWLA.

Notification is a formal process requiring hospital to notify Member Services when you visit an out-of-network emergency room.

Nurse Advice Line is a phone number that members can call 24 hours a day, seven (7) days a week, to have health care questions answered and have their health concerns and symptoms reviewed by a registered nurse. The phone number is 1-877-333-4952.

Out-of-area services are emergency services provided outside of the HWLA's service area that could not be delayed until the member returned to the service area.

Out-of-network providers are doctors and providers not under contract with HWLA.

Pharmacy is a place to get prescribed drugs.

Preventive health care consists of health checkups or services given at certain times due to a person's age, sex, and medical history, in order to keep that person well.

Primary care is a basic level of health care usually provided in ambulatory settings by general practitioners, family practitioners and internists. This type of care emphasizes caring for the member's general health needs compared to specialists, who focus on specific needs.

Providers are persons or entities who render covered *health care services*. Examples include:

- Doctors
- Medical homes
- Hospitals
- Pharmacies

Provider network is a group of doctors, specialists, pharmacies, hospitals and other health care providers that HWLA has an arrangement with.

Referrals are when a doctor sends a member to someone else, such as a specialist or to a provider

to receive care that the doctor thinks is necessary but cannot provide him- or herself.

Service area means Los Angeles County.

Specialist is a physician or other health professional who has advanced education and training in an area of practice and is accredited, certified, or recognized by a board of physicians or peer group, or an organization offering qualifying examinations (board certified) as having special expertise in that medical home area of practice.

Standing referral is a referral by a doctor for more than one visit by a specialist.

TTY/TDD is a telecommunications device for the deaf.

Urgent care is treatment of a condition, illness or injury that is not life-threatening, but needs medical care right away.

Important Phone Numbers

HWLA Member Services	1-877-333-4952
HWLA Nurse Advice Line	1-877-333-4952
Mental Health Access Center Line	1-800-854-7771

Disability Services

California Relay Service (CRS) – TTY/TDD	711
Sprint (Voice)	1-888-877-5379
MCI (Voice)	1-800-735-2922
Americans with Disabilities Act (ADA) Information Line	
(Voice)	1-800-514-0301
(TDD)	1-800-514-0383