State of California-Health and Human Services Agency

Department of Health Care Services

P.O. Box 989009, West Sacramento, CA 95798-9850

TOBY DOUGLAS
Director

EDMUND G. BROWN JR.
Governor

Important Medi-Cal Changes
Notice of Elimination of ADHC Medi-Cal Benefit

August 2011

Dear ADHC Participant,

There is a change in state law. ***Medi-Cal*** will no longer pay for Adult Day Health Care (ADHC) beginning December 1, 2011. The law that changed is California Welfare & Institutions Code section 14589.5.

This *does not* change your:

- Medicare coverage
- Doctors and specialists you see outside an ADHC center.
- Social Security benefits

What happens now?

Please know that you can choose to enroll in a health plan. Medi-Cal Managed Care health plans can give you some of the health services that ADHCs provide. You can join a health plan at ***no cost*** and you will still be on Medi-Cal. When you enroll in a health plan, they will call you to find out what care you need.

What is a Medi-Cal Managed Care Health Plan?

Managed care health plans help manage your care, arrange your services, provide 24-hour nurse advice, member services, non-emergency medical transportation and more. The health plans can also help arrange services you need that they do not cover. The services are the same as in "regular" Medi-Cal.

What do I need to do?

You can enroll in a managed care health plan. As a Medi-Cal and Medicare beneficiary your options are:

- **If you *are not* in a Medicare Advantage plan**, you can choose to enroll in the health plan of your choice. You have until September 16, 2011, to complete and return the choice form. If you do not make a choice, a health plan will be selected for you.

- **If you *are* in a Medicare Advantage health plan,** you must choose the same Medi-Cal Managed Care health plan. You have until September 16, 2011, to complete and return the choice form. If you do not make a choice you will be enrolled in the same health plan.

-over-

Your enrollment will start **October 1, 2011**. If you are not happy with your health plan, you can choose to go back to regular Medi-Cal at any time.

How do I enroll or get more information?

- **To enroll by phone**, please call Health Care Options at 1-800-430-4263 or TDD/TTY at 1-800-430-7077, Monday through Friday, 8:00 a.m. – 5:00 p.m.

To enroll by phone, representatives are available between the hours of:
8:00 am - 5:00 pm, Monday - Friday

English		1-800-430-4263
Arabic	اللغة العربية	1-800-576-6881
Armenian	Հայերեն	1-800-840-5032
Cambodian	ภาสาไทย	1-800-430-5005
Cantonese	粵語	1-800-430-6006
Farsi	فارسی	1-800-840-5034
Hmong	**Hmoob**	1-800-430-2022

Korean	한국어	1-800-576-6883
Mandarin	國語	1-800-576-6885
Russian	Русский	1-800-430-7007
Spanish	**Español**	1-800-430-3003
Tagalog	**Tagalog**	1-800-576-6890
Vietnamese	Tiếng Việt	1-800-430-8008
Other Languages		1-800-430-4263

- **To enroll in person**, please use the “Health Care Options” presentation schedule in your packet.
- **To enroll by mail**, please fill out and return the choice form in your packet.

Is that all I need to do?

No. When you enroll in a health plan you will still receive some services through “regular” Medi-Cal.

- **If you get In-Home Support Services (IHSS)**, contact your social worker to find out if you can get more IHSS hours.
- **If you are in the Multipurpose Senior Service Program**, contact your caseworker for help.
- **If you are a client of a Regional Center**, contact your caseworker for assistance.

If you or your family member(s) have any questions,
call HEALTH CARE OPTIONS, toll-free, at the numbers listed below.

Representatives are available between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

LANGUAGE		TELEPHONE	LANGUAGE		TELEPHONE
ENGLISH		1-800-430-4263	한국어	(Korean)	1-800-576-6883
العربية	(Arabic)	1-800-576-6881	國語	(Mandarin)	1-800-576-6885
ՀԱՅԵՐԵՆ	(Armenian)	1-800-840-5032	Русский	(Russian)	1-800-430-7007
ខ្មែរ	(Cambodian)	1-800-430-5005	ESPAÑOL	(Spanish)	1-800-430-3003
粵語	(Cantonese)	1-800-430-6006	TAGALOG	(Tagalog)	1-800-576-6890
فارسی	(Farsi)	1-800-840-5034	Tiếng Việt	(Vietnamese)	1-800-430-8008
HMOOB	(Hmong)	1-800-430-2022	LANGUAGES NOT LISTED		1-800-430-4263
For TDD users, call 1-800-430-7077					

227V151C-000001

PLEASE TEAR OFF CARD AND KEEP FOR YOUR REFERENCE!

MU_0003507_ENG4_0105

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Health Care Options, P.O. Box 989009
West Sacramento, CA 95798-9850

RETURN SERVICES REQUESTED
To the addressee or guardian of:

227V151C-000001-19-7-M-M
▶ 3 - 3-111111111-08/16/11 ◀

JOHN SAMPLE
123 SAMPLE ST
SAMPLE CITY, CA 99999

Health Care Options
www.healthcareoptions.dhcs.ca.gov

3

ENGLISH
1-800-430-4263
Written materials are available

العربية
ARABIC
1-800-576-6881
تتوفر معلومات مطبوعة

ՀԱՅԵՐԵՆ
ARMENIAN
1-800-840-5032
Գրավոր նյութեր կողմություն ունեն

ខ្មែរ
CAMBODIAN
1-800-430-5005
ឯកសារសរសេរជាលាយលក្ខណ៍អក្សរអាចរកបាន

粵語
CANTONESE
1-800-430-6006
可以提供書面材料

فارسی
FARSI
1-800-840-5034
مطالب به زبان های زیر موجود است:

HMOOB
HMONG
1-800-430-2022
Cov lus uas sau hauv ntawv los muaj thiab

한국어
KOREAN
1-800-576-6883
서면자료의 이용이 가능합니다

國語
MANDARIN
1-800-576-6885

Русский
RUSSIAN
1-800-430-7007
Доступны материалы в письменном виде

ESPAÑOL
SPANISH
1-800-430-3003
Se dispone de material escrito.

TAGALOG
TAGALOG
1-800-576-6890
May mga nakasulat na materyales

Tiếng Việt
VIETNAMESE
1-800-430-8008
Có các tài liệu dưới dạng văn bản

TDD/TTY
1-800-430-7077

MU_0003507_ENG1_0311

State of California-Health and Human Services Agency
Department of Health Care Services
P.O. Box 989009
West Sacramento, CA 95798-9850

RETURN SERVICES REQUESTED
To the addressee or guardian of:

August 16, 2011

▶ 3 - 3-111111111-08/16/11 ◀

JOHN SAMPLE
123 SAMPLE ST
SAMPLE CITY CA 99999

The Medi-Cal health care packet with a choice form and instructions you requested is enclosed.

After making your choice, mail the completed choice form in the enclosed postage-paid envelope. Please keep the last copy of the choice form for your records.

If you or your family member(s) have any questions, call Health Care Options, toll-free, at 1-800-430-4263, between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

Complete a choice form today! Get a good start on the road to health!

Table of Contents

The material in this packet will help you decide whether you want to choose a Medi-Cal Managed Care Health Plan.

- Cover letter explaining Managed Care eligibility
- Medi-Cal Choice Form
- How To Fill Out the Medi-Cal Choice Form
- Postage-Paid Envelope
- Medi-Cal Managed Care Health Plan Comparison Chart(s), if available
- A Guide to the Quality of Medi-Cal Health Plan(s) in your area, if available
- Health Care Options Presentation Schedules, if available
- Fact Sheet: How is Medi-Cal Managed Care Different from Regular Medi-Cal?
- Description of Health Plan Benefits
- How to Choose A Health Plan
- Join or Change A Health Plan
- Working With Your Health Plan
- Special Services - County Projects (if applicable)
- A List of Useful Words

My Medi-Cal Choice
For Healthy Care

MEDI-CAL CHOICE FORM

Use this form to join or change a health plan or to choose Regular Medi-Cal. If you need help filling out this form, call 1-800-430-4263.

Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS ● TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE

JOHN SAMPLE
1) Head of Household Name (First Name, Last Name)

○ M ○ F
2) Sex

3) Telephone Number

111111111-3

123 SAMPLE ST SAMPLE CITY 99999
4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory.
If you do not want to join a Medi-Cal Health Plan, fill in the oval for Regular Medi-Cal (Fee-For-Service).

JOHN SAMPLE
5) Applicant's Name (First Name, Last Name)

○ M ● F
6) Sex

6a) Due Date (if pregnant) __ / __ / __

V- -999999999-3

HEALTH PLANS

○ ***I wish to JOIN or change my plan to:*** ○ ***NO Plan change***

○ 304 L.A. Care Health Plan
○ 352 Health Net Comm Solutions
○ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

Enter plan change reason code*. ○ BC ○ CF ○ CH ○ KA ○ LA ○ HN ○ MO

5) Applicant's Name (First Name, Last Name)

○ M ○ F
6) Sex

6a) Due Date (if pregnant) __ / __ / __

6b) Social Security Number __ - __ - __

HEALTH PLANS

○ ***I wish to JOIN or change my plan to:***

○ 304 L.A. Care Health Plan
○ 352 Health Net Comm Solutions
○ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

Enter plan change reason code*. ○ BC ○ CF ○ CH ○ KA ○ LA ○ HN ○ MO

5) Applicant's Name (First Name, Last Name)

○ M ○ F
6) Sex

6a) Due Date (if pregnant) __ / __ / __

6b) Social Security Number __ - __ - __

HEALTH PLANS

○ ***I wish to JOIN or change my plan to:***

○ 304 L.A. Care Health Plan
○ 352 Health Net Comm Solutions
○ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

Enter plan change reason code*. ○ BC ○ CF ○ CH ○ KA ○ LA ○ HN ○ MO

INTERNAL USE ONLY

***PLAN CHANGE REASON CODES:**

Code 1: I could not choose the doctor or dentist I wanted
Code 2: The health/dental plan did not meet my needs
Code 3: My doctor/dentist did not meet my needs
Code 4: Too far to go
Code 5: I did not choose this plan
Code 6: Moving out of the county
Code 7: DO NOT USE
Code 8: DO NOT USE
Code 9: Other

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

CHOICE STATEMENT: I/We have made written choice to receive Medi-Cal benefits by joining in the medical plan or by receiving Regular Medi-Cal (Fee-For-Service). If eligible for Medi-Cal, I/we understand that each family member will receive health care benefits as I/we have indicated on this form. I/We have read and understand the conditions of this agreement. I/We understand that in order to disenroll from my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature Date | Other Adult's Signature Date | Other Adult's Signature Date

2549158064

Highly Confidential

DHCS California Department of HealthCareServices

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Please use the following example when you fill in the form:

PLEASE PRINT IN CAPITAL LETTERS ONLY.

1 2 3 4 5 6 7 8 9 0 , A B C D E F G H

I J K L M N O P Q R S T U V W X Y Z -

PLAN PARTNER INFORMATION FOR:

304 L.A. Care Health Plan

- BC Anthem Blue Cross Partnrshp
- CF Care1st Partner Plan, LLC
- CH Community Health Plan
- KA KP Cal, LLC
- LA L.A. Care Health Plan

352 Health Net Comm Solutions

- HN Health Net Comm Solutions
- MO Molina Healthcare Partner

PRIVACY STATEMENT

The Department of Health Care Services will keep the information you provide. It is used only to enroll and/or disenroll people that are eligible for Medi-Cal managed care. The laws that allow this are in the Welfare and Institutions Code, Sections 14016.5, 14016.6, 14087.305, 14087.31, 14087.35, 14087.36, 14087.38, 14087.96, 14088, 14089, 14089.5, and 14631, and California Code of Regulations, Section 51085.5. If any information asked for on the choice form is missing, then someone on the form may not be able to join a health plan, get out of a plan, or choose the plan he or she wants.

Only other government agencies that relate to the Medi-Cal program can see the information you provide. The persons listed on the form can look at the files that Medi-Cal keeps on them. However, any information that is being used in an investigation or lawsuit cannot be seen. If you want to see your Medi-Cal file, contact the Department of Health Care Services at the address on the other side of this form.

MEDI-CAL CHOICE FORM

Use this form to join or change a health plan or to choose Regular Medi-Cal. If you need help filling out this form, call 1-800-430-4263.

Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS ● TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE

JOHN SAMPLE
1) Head of Household Name (First Name, Last Name)

○ M ○ F
2) Sex

3) Telephone Number

111111111-3

123 SAMPLE ST SAMPLE CITY 99999
4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory.
If you do not want to join a Medi-Cal Health Plan, fill in the oval for Regular Medi-Cal (Fee-For-Service).

JOHN SAMPLE
5) Applicant's Name (First Name, Last Name)

○ M ● F
6) Sex

6a) Due Date (if pregnant) __ / __ / __

V- -999999999-3

HEALTH PLANS

○ ***I wish to JOIN or change my plan to:*** ○ ***NO Plan change***

○ 304 L.A. Care Health Plan
○ 352 Health Net Comm Solutions
○ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

Enter plan change reason code*. ○ BC ○ CF ○ CH ○ KA ○ LA ○ HN ○ MO

5) Applicant's Name (First Name, Last Name)

○ M ○ F
6) Sex

6a) Due Date (if pregnant) __ / __ / __

6b) Social Security Number __ - __ - __

HEALTH PLANS

○ ***I wish to JOIN or change my plan to:***

○ 304 L.A. Care Health Plan
○ 352 Health Net Comm Solutions
○ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

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HEALTH PLANS

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INTERNAL USE ONLY

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Code 5: I did not choose this plan
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Code 7: DO NOT USE
Code 8: DO NOT USE
Code 9: Other

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

CHOICE STATEMENT: I/We have made written choice to receive Medi-Cal benefits by joining in the medical plan or by receiving Regular Medi-Cal (Fee-For-Service). If eligible for Medi-Cal, I/we understand that each family member will receive health care benefits as I/we have indicated on this form. I/We have read and understand the conditions of this agreement. I/We understand that in order to disenroll from my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature Date | Other Adult's Signature Date | Other Adult's Signature Date

2549158064

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DHCS California Department of HealthCareServices

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- HN Health Net Comm Solutions
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Only other government agencies that relate to the Medi-Cal program can see the information you provide. The persons listed on the form can look at the files that Medi-Cal keeps on them. However, any information that is being used in an investigation or lawsuit cannot be seen. If you want to see your Medi-Cal file, contact the Department of Health Care Services at the address on the other side of this form.

How To Fill Out the Medi-Cal Choice Form

Use the **Medi-Cal Choice Form(s)** in this packet to join or change a health plan or to choose Regular Medi-Cal (Fee-For-Service). Benefits will not change for voluntary beneficiaries who remain in Regular Medi-Cal (Fee-For-Service). You can use each form for up to three family members. You can get more forms by calling Health Care Options at 1-800-430-4263.

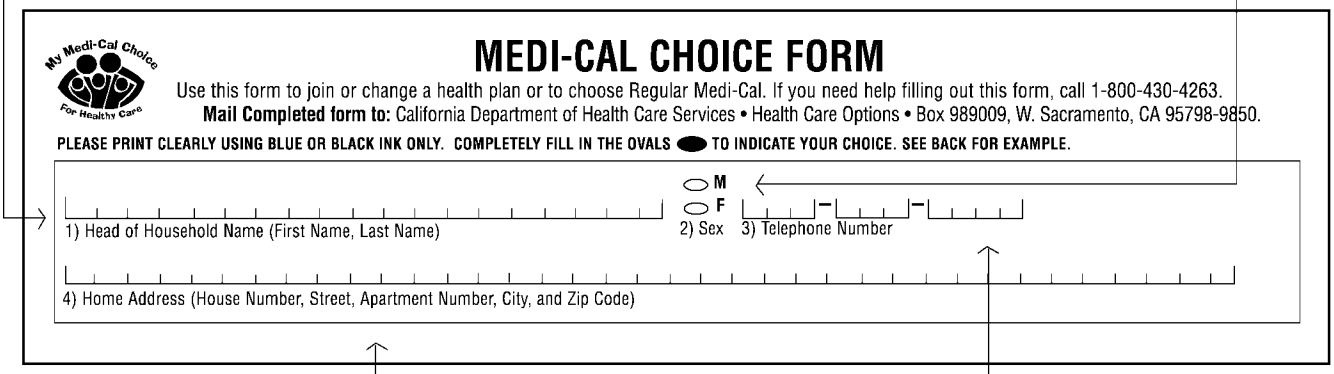
Please print clearly, using blue or black ink only. Write in block letters, and completely fill in all areas to indicate your choice. **See the backside of the choice form for an example.**

Head of Household Name

This section is to be completed by the Medi-Cal head of household.

1. HEAD OF HOUSEHOLD NAME
Print your full name
(First and Last Name).

2. SEX
Fill in oval M for male
or F for female.


MEDI-CAL CHOICE FORM
Use this form to join or change a health plan or to choose Regular Medi-Cal. If you need help filling out this form, call 1-800-430-4263.
Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE.
M
F
1) Head of Household Name (First Name, Last Name)
2) Sex
3) Telephone Number
4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)

4. HOME ADDRESS
Print your home address including the
House Number, Street, Apartment Number, City
and Zip Code.

3. TELEPHONE NUMBER
Write your home area code and
telephone number.

Making The Choice

Think about the things that are important to you when you receive health care. You may want to talk to your family, friends, or your current doctor or clinic staff. The material in this packet will help you make a choice. After you have made your health care choice, you can complete the Medi-Cal Choice Form.

Join or Change a Health Plan

Please complete sections for all members who want to join or change a health plan. Parts of this section may already be filled out for you.

5. APPLICANT'S NAME
Print the full name (First and Last Name) of an individual member of your family.

6. SEX
Fill in oval M for male or F for female.

6a. DUE DATE
The due date is the day the baby is expected to be born. Please write the due date by month, day, and year. For example, December 2, 2003 would be entered as 12/02/03.

6b. SOCIAL SECURITY NUMBER
Do nothing if there is a barcode in this space. Otherwise, enter your Social Security Number.

5) Applicant's Name (First Name, Last Name) | 6) Sex ○ M ○ F | 6a) Due Date (if pregnant) __/__/__ | 6b) Social Security Number ___-__-____

HEALTH PLANS

○ ***I wish to JOIN or change my plan to:*** ○ ***NO plan change***

○ 000 Health Plan

○ 000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

Enter plan change reason code* ☐ ○ XX ○ XX ○ XX ○ XX ○ XX ○ XX ○ XX

***PLAN CHANGE REASON CODES:**

Code 1: I could not choose the doctor or dentist I wanted
Code 2: The health/dental plan did not meet my needs
Code 3: My doctor/dentist did not meet my needs
Code 4: Too far to go
Code 5: I did not choose this plan
Code 6: Moving out of the county
Code 7: DO NOT USE
Code 8: DO NOT USE
Code 9: Other

Join or Change A Health Plan

- **Join a Health Plan:**
  Fill in the oval next to "I wish to JOIN or change my plan to:". Then, fill in the oval for your health plan choice.

- **Change a Health Plan:**
  Choose a reason for leaving the health plan from the shaded box called "*PLAN CHANGE REASON CODES" located at the bottom of the form. Write this code number in the box next to "Enter plan change reason code*".

- **If the "*No Plan Change*" oval is available:**
  Fill in the oval for "*No Plan Change*" if any member of the family listed on the choice form does not want to change health plans.

To choose a health plan, fill in the Doctor/Clinic Code. If you have selected Regular Medi-Cal (Fee-For-Service), then skip to instructions on Completing and Mailing the Form.

- **Doctor/Clinic Code:**
  Write the code number for the doctor or clinic. This information can be found in the Plan Provider Directory. If there is no number or if the Plan Provider Directory is not in this packet, leave this blank.
  For example, the code number may be listed in the Provider Directory as:
  - ***Doctor's Provider #*** • ***PCP #*** • ***Identification Number (ID)***
  - ***Doctor I.D. Number*** • ***PIN (Provider Identification Number)***
  - ***Provider 0000*** *(ex. provider 3322)*
  - ***# 0000, * 00000 or 00000*** *(ex. # 3322 above or next to the Doctor's name)*

Completing and Mailing the Form

NOTICE: I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

CHOICE STATEMENT: I/We have made written choice to receive Medi-Cal benefits by joining in the medical plan or by receiving Regular Medi-Cal (Fee-For-Service). If eligible for Medi-Cal, I/we understand that each family member will receive health care benefits as I/we have indicated on this form. I/We read and understand the conditions of this agreement. I/We understand that in order to change from my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature Date Other Adult's Signature Date Other Adult's Signature Date

Highly Confidential

SIGNATURE

Make sure that you and any other adults listed on the form SIGN and date the form on the bottom.

You're Done!

Use the envelope included in this packet to mail the form. It does not need a stamp. Keep the last copy of the form for your records.

If you have questions or need help filling out this form, call Health Care Options at 1-800-430-4263. There are also meetings you can attend to discuss health plan choices. See the Health Care Options Presentation Schedule in this packet, if available.

DO NOT CALL YOUR ELIGIBILITY WORKER IF YOU HAVE QUESTIONS ABOUT YOUR MEDI-CAL CHOICE FORM. Your Eligibility Worker can only help you with questions about Medi-Cal benefits or eligibility.

My Medi-Cal Choice
For Healthy Care

TEAR HERE

TEAR HERE

DID YOU REMEMBER TO ...

Sign and date your Choice Form?

Keep the last copy?

1OZ_0003491_ENG1_0211a

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

My Medi-Cal Choice
For Healthy Care

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 238 SACRAMENTO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

CA DEPARTMENT OF HEALTH CARE SERVICES
HEALTH CARE OPTIONS
PO BOX 989009
WEST SACRAMENTO, CA 95798-9850

1OZ_0003491_ENG2_1110

PEEL OFF AND WET GUM TO SEAL

PLEASE MAKE SURE TO: 1 PEEL OFF THIS STRIP 2 INSERT FORM 3 WET AND SEAL THE FLAP

PEEL OFF AND WET GUM TO SEAL

FOLD HERE

FOLD HERE

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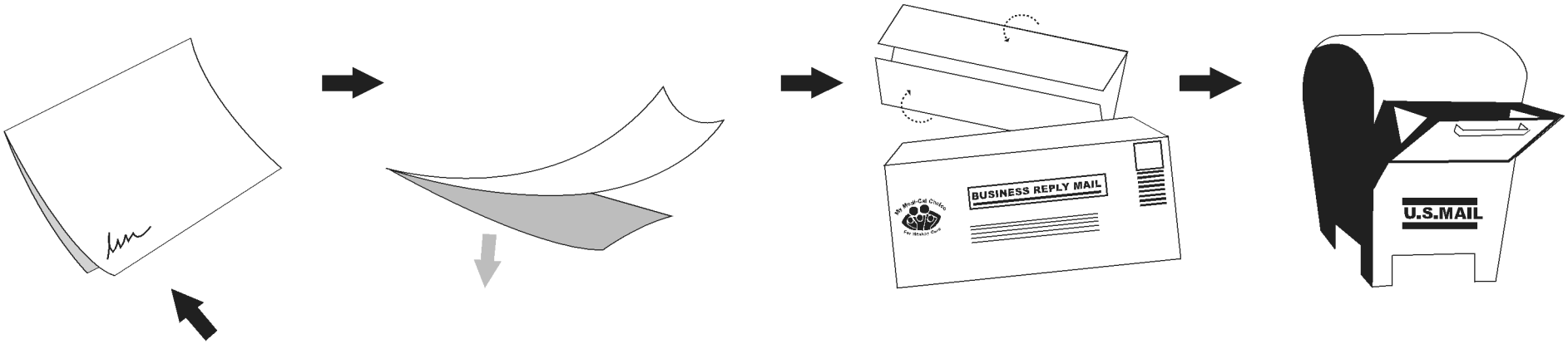

My Medi-Cal Choice
For Healthy Care

Medi-Cal Managed Care Comparison Chart

The information is being provided for INFORMATION purposes only. To order an enrollment package, or for assistance filling one out, call 1-800-430-4263. Translators are available. For TDD/TTY users, call 1-800-430-7077.

L.A. Care Health Plan	
Standard Benefits	Doctors and specialist visits Annual check-ups Immunizations (shots) Prescriptions Hospital Care Emergency Care (24 hours a day, 7 days a week) Pregnancy and baby care Urgent and emergency care is covered everywhere you go - even when you travel outside of Los Angeles county. Plus some of our health plans offer extra services, like transportation, rewards for seeing the doctor when you're well, and the ability to talk to a nurse anytime, day or night. Call the health plan toll-free to find out about their extra services!
Plan Network Hospitals* **In the event of an emergency, call 911*	Many hospitals in your community work with our doctors. Look in the L.A. Care Provider Directory to see which of our participating hospitals work with the doctor you want. Or, call us at 1-888-4LA-CARE (1-888-452-2273).
Doctors you can go to	Choose the doctor near you to give you most of your care. We have over 4,000 primary care physicians (doctors) and clinics to choose from. We also have clinics and medical groups that allow you to get most of your care in one place. Call us to see if your current doctor is in our network, 1-888-4LA-CARE (1-888-452-2273).
Urgent Care Centers	You are always covered for medically necessary urgent or emergency care.
Pharmacies	You pick where to get your prescriptions filled from our list of over 1,200 pharmacies. We work with CVS, Rite Aid, Walgreens and many other pharmacies in your neighborhood.
Assistance with Public Transportation	Some of our health plan partners offer free transportation to your appointments. Call the health plan to find out more about this service.
Health Education	L.A. Care and the health plans that work with us offer health education programs to help you take care of yourself and your family. These programs on asthma, diabetes, heart disease and more - are free and easy to access with classes, audio, or health education materials. L.A. Care also offers free health education classes at our Family Resource Centers, located in Lynwood and Inglewood. Classes include salsa dance aerobics, nutrition, pilates for children, and more – call L.A. Care at 1-888-4LA-CARE (1-888-452-2273) or visit the website at **www.lacare.org** for more information.
Languages	• Many of our doctors' offices have multilingual staff. Plus, you can have an interpreter for free at your doctor appointments. • All of our health plans' Member Services departments speak Spanish, Armenian, Farsi, Cambodian, Tagalog, Mandarin and Vietnamese and many more languages. If someone on staff isn't available to speak to you in your language, we will get an interpreter on the phone. • L.A. Care and our health plans also send you information in the language or format you need, including English, Spanish, Korean, Khmer, Chinese, Tagalog, Vietnamese, Russian, Armenian, Farsi, and large print, Braille, or audio (cassette or CD) format.
Member Services Hotline	If you have questions, call the 24-hour Member Service Department of the Health Plan Partner you picked. You can also call L.A. Care Health Plan toll free at 1-888-4LA-CARE (1-888-452-2273). **L.A. Care and our professional after-hours staff are available when you need us - 24 hours a day, 7days a week.** L.A. Care Health Plan 1-888-452-2273 Anthem Blue Cross 1-888-285-7801 Care1st Partner Plan, LLC 1-800-605-2556 Community Health Plan 1-800-475-5550

Medi-Cal Managed Care Comparison Chart

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Health Net Community Solutions, Inc. (Health Net)	
Standard Benefits	Doctor Visits Specialty Care Prescription Medicines Emergency and Urgent Care Prenatal and Newborn Care Health Education Services CHDP Examinations Family Planning Services Hospital Care Immunizations Vision Care (exams and glasses) Lab and X-Rays
Plan Network Hospitals* **In the event of an emergency, call 911*	85 Hospitals located in and around Los Angeles County*. Look in the Health Net Provider Directory to see which participating hospitals work with your doctor. Health Net's Medi-Cal plan will cover emergency services anywhere outside of Health Net's service area, including outside of the United States. *Includes hospitals contracted with Health Net through Molina Healthcare of California Partner Plan, Inc.
Doctors you can go to	Choose from nearly 2,000 participating primary care providers in nearly 2,400 locations and over 4,400 specialists in over 7,300 locations. Our network includes most of the major clinics and medical groups in Los Angeles County. * Our provider directory can help you find a doctor close to where you live or work. *Includes providers contracted with Health Net through Molina Healthcare of California Partner Plan, Inc.
Urgent Care Centers	Many available 24 hours a day, 7 days a week. 24-hour nationwide emergency services at no cost to you. Your Health Net primary care physician office staff will help you find an urgent care center close to you. Call our Member Services Department 24 hours a day, 7 days a week at 1-800-675-6110 for assistance. Please Note: Health Net's Medi-Cal plan covers emergency services anywhere, including outside of the United States.
Pharmacies	You can choose from a large selection of over 1,600 pharmacies throughout Los Angeles County. Our Provider Directory can help you find a pharmacy close to where you live or work. Our network includes many chain and independent pharmacies including Costco, CVS, K-Mart, Rite Aid, Sav-On, Target, Vons, Walgreens, Wal-Mart, and many others!
Vision Plan	Choose from qualified eye care providers to meet your vision care needs. Our provider directory can help you find an eye care professional close to where you live or work. Call us at 1-800-675-6110 for assistance.
Assistance with Public Transportation	24-Hour Emergency Transportation is available. Call our 24-hour Health Net Member Services line at 1-800-675-6110 if you need assistance with non-emergency transportation. Just call us!
Health Education	**We offer many Health Education resources at no cost to our members including:** Written materials on over 20 topics Health Education Classes Community Events Member Newsletters Programs in weight management, nutrition, smoking cessation, asthma and diabetes Call 1-800-804-6074 for more information.
Languages	We speak your language – Our representatives speak Spanish, Hmong, and many other dialects and languages. TDD/TTY (Telecommunication Device for the Hearing and Speech Impaired): 1-800-431-0964. Interpreting services available for ALL languages at no cost to you. Call 1-800-675-6110.
Member Services Hotline	We want to know! How are you? Do you have questions? Call our Member Services Department/Nurse Advice Line 24 hours a day, 7 days a week at 1-800-675-6110. Call Health Net toll-free at 1-800-327-0502 if you have any questions about Medi-Cal Managed Care or want to learn more about Health Net.

My Medi-Cal Choice
For Healthy Care

A guide to help you

Choose the Best Medi-Cal Health Plan

for you and your family

Look inside this guide for this helpful information:

Page 2	How this guide can help you
Page 2	Help for people who speak little or no English
Page 3	Programs to help you stay healthy
Page 4	How Medi-Cal plans compare on quality of care for children
Page 5	How Medi-Cal plans compare on quality of care for adults
Last Page	Where to get answers if you have questions

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How this guide can help you

When you sign up for Medi-Cal, you may have to choose a health plan. The more you know about your plan, the easier it is to get the best care for you and your family.

Please take a minute to read through this guide. You will learn about quality of care and important services in your plan. You may want to save this guide in case you have questions later.

If you are ready to sign up for a Medi-Cal health plan, you will need to fill out the Medi-Cal Choice Form in the Medi-Cal enrollment booklet. (This booklet is called *My Medi-Cal Choice for Healthy Care.*) This booklet is mailed in a packet with plan Provider Directories. These Provider Directories have other important information, like the names of the doctors and hospitals in each plan.

You will probably have some questions. The last page of this guide tells you how to get answers to your questions.

Help for people who speak little or no English

If you need help understanding English, your Medi-Cal health plan must make sure you have a qualified interpreter any time you need medical care. Your plan must provide an interpreter no matter what language you speak. This is true even when you need medical care at night. This service is free – you do not have to pay when your plan provides an interpreter.

You should ask for an interpreter any time you need to talk to a doctor or nurse about a medical problem or talk to someone at the plan.

There are different ways that plans might provide an interpreter for you:

- The plan can help you find a doctor's office where the doctor, a nurse or other person in the office speaks your language.
- The plan might have an interpreter meet you at the doctor's office.
- The plan might have a person interpret by talking to you and your doctor on the telephone.

Usually, it is best if you use the plan's interpreter. If you want to use an adult family member or friend to interpret instead, you must sign a paper saying that you did not want to use the plan's interpreter.

Your health plan has written information that tells you about the health plan's services and programs and tells how to get medical care. In your county, written information is available in these languages:

- Armenian
- Cambodian
- Cantonese
- English
- Farsi
- Korean
- Mandarin
- Russian
- Spanish
- Tagalog
- Vietnamese

If the plan does not send you materials in your language, you should ask for them. If you cannot read or understand the materials, you should ask for an interpreter who will explain what the materials say.

If you have trouble getting an interpreter when you need one, or if you have trouble getting written information translated, you have the right to file a grievance. Look at the last page of this guide to learn how to file a grievance.

Programs to help you stay healthy

Each Medi-Cal health plan has programs to help you and your family stay healthy and manage illness. These are called **health education programs**. You do not have to pay to join these programs when you are enrolled in a Medi-Cal health plan.

Medi-Cal health plans offer programs that help you learn how to:

- Stay healthy when you are pregnant
- Keep your children safe and healthy
- Maintain good nutrition and exercise
- Manage and control your weight
- Manage and control your asthma
- Manage and control your diabetes
- Keep your heart healthy
- Control high blood pressure and cholesterol
- Quit smoking
- Prevent sexually transmitted disease and HIV/AIDS
- Prevent unplanned pregnancy
- Use new parenting skills
- Prevent dependence on drugs and alcohol

Plans offer these programs in lots of different ways. You might like one way better than another. The different ways that you can join a health education program are:

Booklets and tapes	Ask the plan to send you booklets, workbooks, videos and tapes that you can take home with you to learn.
Classes	Join a class where a health expert will show you how to manage your illness and stay healthy.
One-on-one learning	Talk to a health expert in-person or by telephone to ask questions and solve problems as you learn how to manage your illness and stay healthy.
Support groups	Join a group of people who are like you. People in the group learn from each other and help each other.

The plans want to offer these programs in ways that will work best to help you learn. To find out the details about how these programs work and how you can sign up, call your health plan. Look at the last page of this guide for phone numbers.

This is what the symbols mean:

- **higher** = Scored **higher than the average** for Medi-Cal plans in California.
- **average** = Scored **about the same as the average** for Medi-Cal plans in California.
- **lower** = Scored **lower than the average** for Medi-Cal plans in California.
- no results = Too few Medi-Cal plan members to report OR results were not available.

How Medi-Cal plans compare on quality of care for children

This information comes from two sources. The State of California did a survey* to ask people in Medi-Cal about the quality of care and service they were getting from their health plan. Medi-Cal also collected information from each plan to see how many people in the plan got the care and services they needed when they needed them.

	Health Net Comm Solutions	L.A. Care Health Plan
Getting needed care Children got the care they needed without problems.	average	average
Getting care quickly Children got appointments and treatment without long waits.	average	average
How well doctors communicate Doctors listened carefully, gave good explanations, and showed respect.	average	average
Shared decision making Doctors talked with parents about treatment choices for the child and asked which was best for the child.	average	average
Plan customer service Parents got the help they needed from plan customer service and plan written material.	average	average
Vaccines (shots) for children Children got all of the vaccines (shots) they were supposed to have to prevent illness.	average	higher
Check-ups for teenagers Teenagers got all of the check-ups they were supposed to have.	lower	higher
Care for children with colds and flu Children with colds and flu got the right kinds of treatment.	lower	lower

* Data reported in 2010.

This is what the symbols mean:

higher = Scored **higher than the average** for Medi-Cal plans in California.

average = Scored **about the same as the average** for Medi-Cal plans in California.

lower = Scored **lower than the average** for Medi-Cal plans in California.

no results = Too few Medi-Cal plan members to report OR results were not available.

How Medi-Cal plans compare on quality of care for adults

This information comes from two sources. The State of California did a survey* to ask people in Medi-Cal about the quality of care and service they were getting from their health plan. Medi-Cal also collected information from each plan to see how many people in the plan got the care and services they needed when they needed them.

	Health Net Comm Solutions	L.A. Care Health Plan
Getting needed care People got the care they needed without problems.	lower	average
Getting care quickly People got appointments and treatment without long waits.	average	average
How well doctors communicate Doctors listened carefully, gave good explanations, and showed respect.	average	average
Shared decision making Doctors talked with patient about treatment choices and asked which was best for the patient.	lower	average
Plan customer service People got the help they needed from plan customer service and plan written materials.	average	average
Pregnancy care Pregnant women got regular check-ups before their baby was born.	average	average
Care after childbirth New mothers got regular check-ups after their baby was born.	average	average
Care for adults with bronchitis Adults with bronchitis got the right kinds of treatment.	higher	average

* Data reported in 2010.

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Where to get answers if you have questions

Questions about Medi-Cal

Look in your enrollment booklet, called *My Medi-Cal Choice for Healthy Care.*

Call 1-800-430-4263 to talk to someone at Health Care Options. It's a free call.

The TDD/TTY number is 1-800-430-7077. This phone number is for people who have difficulties with hearing or speech. You need special equipment to use it.

Medi-Cal holds meetings all over the state to help people understand the Medi-Cal program and how to sign up. You can come to one of these meetings if you want to hear about your choices and ask questions in person. To find out where and when meetings are held, look in the booklet *My Medi-Cal Choice for Healthy Care* or call Health Care Options at 1-800-430-4263.

How to file a grievance

If you have trouble getting an interpreter when you need one, or getting important written materials translated, you have the right to file a grievance. To file a grievance you may call your health plan or send them a letter.

At the same time that you file a grievance with your health plan, you can ask for a State Hearing. Call 1-800-952-5253 (TDD/TTY: 1-800-952-8349) to ask for a State Hearing or send a letter to:

California Department of Social Services
State Hearing Division
P.O. Box 944243, MS 19-37
Sacramento, CA 94244-2430

Questions about the health plans

If you have questions about how to use the plans and the programs or services they offer, you can call these phone numbers:

Health Net Comm Solutions
1-800-675-6110
TDD/TTY: 1-800-735-2929

L.A. Care Health Plan
1-888-452-2273
TDD/TTY: 1-800-735-2929

Para recibir una copia de esta guía en español, llame al 1-800-430-3003. ¡Llamada gratis! Esta guía se llama *Una Guía para Ayudarle a Escoger el Mejor Plan de Salud de Medi-Cal para Usted y su Familia.* Tiene información importante sobre la calidad de la atención médica de los planes de salud de Medi-Cal que puede escoger.

Funding for the development of this guide was provided by the California HealthCare Foundation.

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Health Care Options Presentations

Attend an informative session at one of these convenient locations.

California Health Care Options (HCO) Presentation Sites
Los Angeles County
August 2011 Schedule

- **In-Person Medi-Cal Managed Care Information**
- **No Appointment Necessary**
- **Free Help To Complete Forms**

Just ask for the "Health Care Options" Representative

CITY	LOCATION	DAY	HCO SITE HOURS	LANGUAGES
Canyon Country	**Santa Clarita #51 27233 Camp Plenty Road**	**M & T**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
		F	**8:00am - 12:30pm**	
Chatsworth	West Valley #82 21415 Plummer Street	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
Compton	**Compton #26 211 E. Alondra Boulevard**	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
Cudahy	Cudahy #06 8130 S. Atlantic Avenue	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
El Monte	**El Monte #04 3350 Aero Jet Avenue**	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish / Vietnamese / Cantonese / Mandarin**
	San Gabriel #20 3352 Aero Jet Avenue	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish / Vietnamese / Cantonese / Mandarin

Presentation times, dates, and locations are subject to change. Please contact the Health Care Options toll-free number **1 (800) 430-4263** to verify the schedule before attending. Additional sites may be available at the time of your call. **Health Care Options will not be conducting presentations on August 19th due to a staff meeting.**

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CITY	LOCATION	DAY	HCO SITE HOURS	LANGUAGES
Glendale	**Glendale #02 4680 San Fernando Road**	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish / Armenian / Russian / Farsi**
Lancaster	Lancaster #34 349-B E. Avenue K-6	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
Los Angeles	**Belvedere #05 5445 Whittier Boulevard**	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
	Exposition Park #12 3833 S. Vermont Avenue	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
	Florence #17 1740 E. Gage Avenue	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
	Lincoln Heights #66 4077 N. Mission Road	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish

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CITY	LOCATION	DAY	HCO SITE HOURS	LANGUAGES
Los Angeles	**Metro East #15 2855 E. Olympic Boulevard**	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
	Metro Family #13 2615 S. Grand Avenue Co-located Room	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
	Metro North #38 2601 Wilshire Boulevard	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
	Metro Special #70 2707 S. Grand Avenue	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
	Rancho Park #60 11110 W. Pico Blvd	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
	South Central #27 10728 S. Central Avenue	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
	Southwest Family #83 8300 S. Vermont Ave	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**

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Just ask for the "Health Care Options" Representative

CITY	LOCATION	DAY	HCO SITE HOURS	LANGUAGES
Los Angeles	Southwest Special #08 1819 W. 120th Street	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
	Wilshire Special #10 2415 W. 6th Street Booth #17	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
Norwalk	Norwalk #40 12727 Norwalk Blvd.	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
Panorama City	**East Valley #11 14545 Lanark Street**	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
Pasadena	Pasadena #03 955 N. Lake Avenue	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
Pomona	**Pomona #36 2040 W. Holt Avenue**	**M - F**	**8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish**
Rancho Dominguez	Paramount #62 2961 East Victoria Street	M - F	8:00am - 12:30pm 1:30pm - 5:00pm	English / Spanish
	South Family #31 17600 "A" Santa Fe Ave.	**M - F T & TH**	**8:00am - 12:30pm 1:30pm - 5:00pm 8:00am - 12:30pm 1:30pm - 5:00pm**	**English / Spanish Cambodian**

Presentation times, dates, and locations are subject to change. Please contact the Health Care Options toll-free number **1 (800) 430-4263** to verify the schedule before attending. Additional sites may be available at the time of your call. **Health Care Options will not be conducting presentations on August 19th due to a staff meeting.**

How is Medi-Cal Managed Care Different from Regular Medi-Cal?

- Medi-Cal Managed Care Health Plans have their own doctors, specialists, clinics, pharmacies, and hospitals.
- If you join a plan, you must choose one of the doctors or clinics from their list as your primary care doctor for all your health care needs.
- If you join a health plan, you will select a primary care doctor. If you want to continue seeing the doctor(s) you have now, talk to them before you decide to enroll. Call their office(s) and find out which health plans they belong to. You do not have to ask the doctors if they take Medi-Cal.
- If you are in a plan you must go to your primary care doctor first, unless it is an emergency or a family planning visit. A woman will still be able to see a women's health care specialist without going to the Plan or her primary care doctor first. You may not be able to go to other specialists or a physical therapist unless you go to the primary care doctor first.
- When you join a plan you may not be able to continue to go to the doctors, specialists, clinics, hospitals, physical therapists or pharmacies that you go to now if they are not part of the plan. To find out if your current doctors or clinic are in a Health Plan, see the provider directory included in this package.
- If you join a plan you may still call 911 or go to an emergency room if it is a real emergency. If it is not a real emergency, the hospital may send you to the health plan's doctor or clinic.
- The health plan has a Member Services Department and a 24-hour medical advice number that you can call.
- A plan should arrange transportation and interpreters - at no cost for you.
- When you join a plan, the plastic card (Medi-Cal Benefits Identification Card or BIC) that you use for your Medi-Cal benefits stays the same. Plans do not give all your Medi-Cal services such as dental care, specialty mental health services or care in a nursing home, but they may help to arrange for other places to provide the services. Otherwise, you can use your Medi-Cal plastic card to find these services yourself.

Description of Health Plan Benefits

THESE ARE BENEFITS YOU GET WITH A HEALTH PLAN

- ☑ Doctors, Specialists or Specialty Care Doctors, Clinics, Hospitals
- ☑ Help Finding or Changing Doctors or Clinics
- ☑ No Cost, No Co-Payment Health Care
- ☑ Pharmacy Services and Drugs
- ☑ Services from Other Professionals (therapies)
- ☑ Direct Access to Women's Health Services
- ☑ Family Planning services
- ☑ Medical Equipment and Supplies
- ☑ Drugs for Mental Health Conditions
- ☑ Health Education Classes
- ☑ Medical Second Opinion
- ☑ Drugs to Treat HIV+ or AIDS
- ☑ Professional Mental Health Services*

* Not offered by Plan, but available to health plan members.

YOU CAN JOIN A MANAGED CARE HEALTH PLAN AND STILL USE THESE SPECIAL SERVICES IF YOU NEED THEM

- ☑ AIDS and AIDS-related Conditions Waiver Program
- ☑ California Children's Services
- ☑ Childhood Lead Poisoning Case Management
- ☑ Child or Adult Day Health Care Center Services
- ☑ Directly Observed Therapy for Treatment of Tuberculosis
- ☑ Local Education Agency Services
- ☑ Specialty Mental Health Services Waiver Program
- ☑ Multipurpose Senior Services Waiver Program
- ☑ Newborn Hearing Screening Program

How To Choose A Health Plan

Think about what is important to you when you get health care. Talk to your family, friends, and doctor. Look at the Health Plan Comparison Chart(s) to help you decide which health plan you want. Look at the provider directories to help you decide which doctor you want.

Here are some things to think about before you make your choice:

Doctor

- Am I happy with the doctor I have right now?
- Does my doctor belong to a health plan?
- Which health plan?
- Do I have to wait long to get an appointment?
- Are they open when I can go?
- Does the doctor have experience with my child's or my medical problem?

Language

- Does the doctor speak my language or provide interpreters who do?

Location

- Is the doctor's office or clinic near by?
- Is it easy to get to?
- Does the health plan or doctor provide transportation?

Join or Change A Health Plan

Join a Health Plan

- You must be eligible for Medi-Cal to join a health plan.
- You can use your Medi-Cal Benefits Identification Card (BIC) for services through Regular Medi-Cal (Fee-For-Service) until you are a health plan member.
- Health Care Options will send you a letter within 15 to 45 days telling you that the health plan change has taken place.
- Your health plan will send you information about its services and a health plan member card.
- Take your health plan member card and BIC card with you when you visit your doctor, your pharmacy, or going for x-rays.

Change a Health Plan

- If you are not happy with your health plan, you can choose another health plan, if available, or return to Regular Medi-Cal (Fee-For-Service).
- Call Health Care Options at 1-800-430-4263 and ask for a Medi-Cal Choice Form.
- Mail the completed choice form.
- Health Care Options will send you a letter within 15 to 45 days telling you that the health plan change has taken place.
- You must see your present doctor until you get the letter from Health Care Options.

Aid Status Change

- If your aid status changes, you may still be able to receive Medi-Cal through your Medi-Cal Managed Care Health Plan.
- Call Health Care Options at 1-800-430-4263 to find out.

Working With Your Health Plan

It is very important for you to know how to use your health plan as soon as you become a member. Read all the information your health plan sends you. Call your health plan's Member Services Department and ask any questions you have about your health plan. Member services staff will be glad to help you.

What if:

- I am no longer happy with the doctor I am going to?
- I disagree with my doctor about what is best for my family or me?
- My doctor denies or delays my request to see a specialist, to have more visits, or to get certain medicines?
- My doctor or health plan denies or limits medical services?
- My health plan reduces or stops a service that I was getting before I changed plans?
- I received a "Notice of Action" that denied, delayed, modified, or reduced my treatment request, or terminated treatment I've been receiving?

You have a right to do any or all of these:

Change Your Health Plan

- Call Health Care Options at 1-800-430-4263 and ask for an informing packet.

- Complete the choice form and follow the mailing instructions.

File A Complaint Or Grievance With Your Health Plan

- Call the health plan's Member Services Department. A member services worker may be able to help you with your complaint.

- If member services staff cannot assist you with your complaint, ask them to mail a grievance form to you at your home address. Your doctor will also have grievance forms or you can send a letter to your health plan.

- Complete the grievance form and mail the original to the health plan's Member Services Department (keep a copy for your records).

- Your health plan will review its decision based on your grievance and you will get an answer within 30 days. If you think that waiting 30 days will harm your health, be sure to say why when you ask for your grievance. Then you might be able to get an answer within 3 days.

Report The Problem To The California Department Of Health Services' State Ombudsman

- Call 1-888-452-8609, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Report The Problem To The California Department Of Managed Health Care's Office Of Patient Advocacy

- Call 1-888-466-2219, 24 hours a day, seven days a week.

Ask For A State Fair Hearing With An Administrative Law Judge

- If you want a State Fair Hearing, you must ask for it within **90 days** from the date of the "Notice of Action" or "Grievance Resolution" letter that you receive from your health plan, or from the date of the order or action you are complaining of.

- If the "Notice of Action" letter states that your requested treatment is terminated or reduced and you want to keep your treatment going, you must ask for a State Fair Hearing within **10 days** from the date the letter was postmarked or personally delivered to you, or before the effective date of the action you're disputing, whichever is earlier.

- Complete the "Form To File A State Fair Hearing" that is included with your "Notice of Action" letter.

- You can also send a personal letter to ask for a State Fair Hearing. Be sure to include your name, address, phone number, Social Security Number, and the reason you want a State Fair Hearing. If someone is helping you ask for a State Fair Hearing, add his/her name, address, and phone number to the letter.

- If you want to keep your treatment going during the hearing process, be sure to state that in the "Form To File A State Fair Hearing" or in your personal letter.

- If you need a free interpreter, state that in the "Form To File A State Fair Hearing"or in your personal letter. Include the language that you speak.

- It takes up to **90 days** after you ask for a hearing to get an answer. If you think waiting that long will threaten your health, ask your doctor or health plan for a letter. Make sure the letter explains how waiting will threaten your health. Then, ask for an expedited hearing and include the letter with the "Form To File A State Fair Hearing" or with your own personal letter.

State Fair Hearing

Write to:
California Department of Social Services
State Fair Hearing Division
PO Box 944243, MS 19-37
Sacramento, CA 94244-2430

Call:
1-800-952-5253
TDD:
1-800-952-8349

A List of Useful Words

- **Benefits Identification Card or BIC**
  The plastic card sent to everyone who is eligible for Medi-Cal. All Medi-Cal providers use the BIC to check eligibility. Also called "Medi-Cal Card".

- **Emergency**
  Immediate need for medical attention for an injury or illness that is life-threatening or disabling.

- **Grievance**
  Your written or verbal feelings of your dissatisfaction with your health plan provider, or medical care service.

- **Health Care Options**
  The company that works for the Medi-Cal Program to help you choose or change health plans.

- **Medi-Cal**
  The California government program that pays providers who give health care services to eligible beneficiaries.

- **Medi-Cal Choice Form**
  The form you fill out to choose or change health plans.

- **Medi-Cal Managed Care Health Plan**
  Organizations with doctors, specialists, clinics, pharmacies, and hospitals that provide health care services to their members.

- **Member Services Department**
  The office in a Medi-Cal Managed Care Health Plan that can answer your questions and help you use your health plan's services.

- **Primary Care Provider**
  The doctor, nurse practitioner, nurse midwife, or physician's assistant who provides your health care.

- **Provider Directory**
  A list of doctors, clinics, pharmacies, and hospitals you can choose from when you join a health plan.

- **Specialist or Specialty Care Doctor**
  A doctor who only treats certain kinds of health problems like broken bones, asthma, or heart problems. To get this special care, your primary care provider must send you to the specialist or specialty care doctor. OB/GYN (Obstetrics and Gynecology) services may be contacted directly.

My Medi-Cal Choice
For Healthy Care

227V151C-000001

If you or your family member(s) have any questions,
call HEALTH CARE OPTIONS, toll-free, at the numbers listed below.

Representatives are available between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

PLEASE TEAR OFF CARD AND KEEP FOR YOUR REFERENCE!

LANGUAGE		TELEPHONE	LANGUAGE		TELEPHONE
ENGLISH		1-800-430-4263	한국어	(Korean)	1-800-576-6883
اللغة العربية	(Arabic)	1-800-576-6881	國語	(Mandarin)	1-800-576-6885
Հայերեն	(Armenian)	1-800-840-5032	Русский	(Russian)	1-800-430-7007
ภาสาเขฺร	(Cambodian)	1-800-430-5005	ESPAÑOL	(Spanish)	1-800-430-3003
粵語	(Cantonese)	1-800-430-6006	TAGALOG	(Tagalog)	1-800-576-6890
فارسی	(Farsi)	1-800-840-5034	Tiếng Việt	(Vietnamese)	1-800-430-8008
HMOOB	(Hmong)	1-800-430-2022	LANGUAGES NOT LISTED		1-800-430-4263
For TDD users, call 1-800-430-7077					

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