

Cal MediConnect Health Plan Guidebook

Medicare and Medi-Cal



State of California-Health and Human Services Agency
Department of Health Care Services

Cal MediConnect Health Plans

ALAMEDA COUNTY

Alliance CompleteCare

1-877-585-7526 • (TTY: 711 or 1-800-735-2929)

Website URL TBD

Anthem Blue Cross

1-888-350-3532

(TTY: 711)

Website URL TBD

SANTA CLARA COUNTY

Santa Clara Family Health Plan

1-800-260-2055 • (TTY: 1-800-735-2929)

Website URL TBD

Anthem Blue Cross

1-888-350-3532 • (TTY: 711)

Website URL TBD

LOS ANGELES COUNTY

Health Net Community Solutions

1-888-788-5395 • (TTY: 1-888-788-6382)

Website URL TBD

L.A. Care

1-888-522-1298 • (TTY: 1-888-212-4460)

Website URL TBD

CareMore

1-888-350-3447 • (TTY: 711)

Website URL TBD

Care 1st Health Plan

1-888-592-7168 • (TTY: 1-888-592-7168)

Website URL TBD

Kaiser

1-800-464-4000 • (TTY: 1-800-777-1370)

Website URL TBD

RIVERSIDE & SAN BERNARDINO COUNTIES

Inland Empire Health Plan

(IEHP DualChoice Medicare-Medi-Cal)

1-877-273-IEHP (4347) • (TTY: 1-800-718-4347)

Website URL TBD

Molina Dual Options

1-855-665-4627

(TTY: 1-800-479-3310; CRS: 711)

Website URL TBD

SAN DIEGO COUNTY

Care 1st Medicare

1-855-905-3825 • (TTY: 1-800-735-2929)

Website URL TBD

Community Health Group

CommuniCare Advantage

1-800-224-7766 • (TTY: 1-800-735-2929)

Website URL TBD

Health Net Community Solutions

1-888-788-5805 • (TTY: 1-888-788-6382)

Website URL TBD

Molina Dual Options

1-855-665-4627

(TTY: 1-800-479-3310; CRS: 711)

Website URL TBD

ORANGE AND SAN MATEO COUNTIES

People with Medi-Cal in San Mateo and Orange Counties do not need to make a choice about which health plan to join. These counties are called County Organized Health Systems (COHS) and have only one Medi-Cal health plan. Go to page 23 for more information.

These plans cover both Medicare and Medi-Cal Long-Term Services and Supports.

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If you need this guidebook in an alternate format, like large print or audio call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077)

Welcome

People with both Medicare and Medi-Cal in the following counties have new choices about how to get their health care services through a single health plan. If you live in one of the counties below, soon you will have to make a choice about joining a health plan. California is making this change so people's benefits and services work better together.

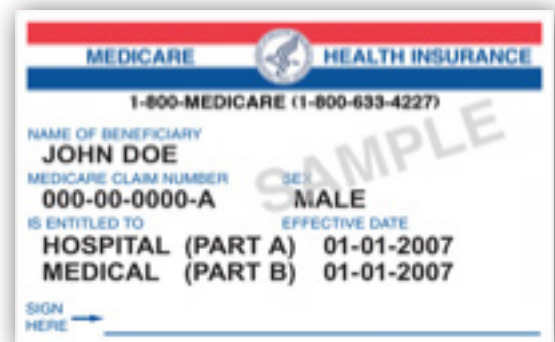
- Alameda
- Los Angeles
- Orange
- Riverside
- San Bernardino
- San Diego
- San Mateo
- Santa Clara

Choosing a health plan is important. This guidebook will help you understand what a health plan is, what benefits are available in different types of health plans, and how you can work with your health plan after you join.

Use this guidebook to help you decide which type of health plan is best for you. Page 19 of this guidebook has a list of organizations and phone numbers you can call for more information.

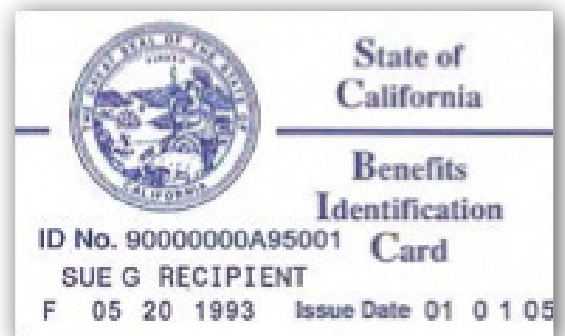
How do I know what kind of coverage I have?

You can tell what your coverage is by the type of cards you have.



Your **Medicare** card is your main card for doctors, hospitals, prescriptions, and other medical benefits.

For questions about Medicare coverage, call 1-800-MEDICARE 1-800-633-4227 (TTY: 1-877-486-2048)



Your **Medi-Cal** card is your main card for Long-term Services and Supports, which include In-Home Supportive Services and nursing home care. Medi-Cal pays your Medicare deductibles and up to 20% cost sharing, when applicable.

For questions about Medi-Cal eligibility, call your county social services office.

What is a Health Plan?

A health plan is a group of health care providers that work together to give you care. This group includes doctors, hospitals, specialists, pharmacies, and Long-term Services and Supports.

Each plan has its own group of providers. This group is the plan's "network of providers". After you join a plan, you must get your services from the plan's providers. Sometimes a health plan is called a "managed care plan."

Your doctor will work with the health plan to provide you services. You may need approval for some services. You don't pay extra to join a health plan.



"I like that my plan helps me find specialists and get the care I need to stay healthy. The plan helps me get my medical equipment, and I can call the 24-hour nurse advice line for help any time."

Reasons to join a Health Plan?

- I want help finding doctors, specialists, and other providers.
- I want a list of doctors and other providers I can go to.
- I want help getting interpreters and information in my language.
- I want help finding care that meets my special needs.
- I want help coordinating my care.

What Are My Choices?

Your choices are listed below. Details for each are found in this booklet. You must choose one of these options. There is no cost to join a health plan.

- **Cal MediConnect Plans**

Get both your Medicare and Medi-Cal benefits in one health plan. You will get all your Medicare Parts A,B and D benefits and your Medi-Cal Long –term Services and Supports through a plan of your choice. See page # for more information. Get your Long-term Services and supports, including IHSS, nursing home care, supplies, some Durable Medical Equipment, and medical transportation.

- **Medi-Cal Plans for Long-Term Services and Supports**

Get your Long-term Services and supports, including IHSS, nursing home care, supplies, some Durable Medical Equipment, and medical transportation. Medi-Cal pays your Medicare deductibles and up to 20% cost sharing, when applicable. Medi-Cal will not change. See page # for more information.

- **Program of All-inclusive Care for the Elderly (PACE)**

You may also qualify for a Program of All-inclusive Care for the Elderly (PACE) Plan, where you get Medicare and Medi-Cal benefits together. See page # for more information. In order to qualify you must:

- Be 55 years of age or older;
- Meet the requirement for skilled nursing home care as determined by the PACE organization's interdisciplinary team assessment and certified by the Department of Healthcare Services;
- Live in a service area (county and zip code) served by a PACE program, and;
- Live in the community without jeopardizing his or her health or safety.

Reminder: You must still choose a Cal MediConnect or Medi-Cal plan for Long-term Services and Supports while you are being assessed for PACE.

Questions and Answers

1. Why Am I Getting this Booklet?

You are getting this booklet because you must join a health plan. You can join a Cal MediConnect plan, or a Medi-Cal plan for Long-term Services and Supports.

2. My Medicare and Medi-Cal are confusing. I want one organization to help me coordinate all my services. Can these plans do that?

Yes. Cal MediConnect plans may be a good fit for you. They combine all the benefits into one health plan so you only have one card and one phone number to call for help. Read about them in this booklet.

3. I want to keep my Medicare like it is today and not join Cal MediConnect. Do I still have to make a choice?

Yes. If you don't want to choose a Cal MediConnect plan, you still have to join a Medi-Cal plan for Long-term Services and Supports.

4. If I still have questions, how can I get help?

This guidebook has a list of resources and phone numbers that can provide extra help. Go to [website URL] to learn about education events in your community.



Cal MediConnect Health Plans

In a Cal MediConnect Plan

- You get all of your Medicare and Medi-Cal benefits in one health plan.
- You don't pay extra to join.
- You have one health plan card and one number to call for answers to questions about all your benefits.
- You must get all your covered benefits from providers who work with your health plan. These are known as "in-network" providers.
- Your main doctor (called a "primary care provider") helps you get care from specialists, and get medicine, medical equipment and other health care services.
- You may work with a care coordinator. This person will work with you, and your care providers to make sure you get the care you need.
- You will be able to direct your own care with help from your care team and care coordinator.
- You may have a care team that you help put together. Your care team may include doctors, nurses, counselors, or other health providers who help you get the care you need.

Who can join?

Most people with full Medicare and full Medi-Cal benefits can join. "Full benefits" means your Medicare card says "Entitled to Hospital (Part A) and Medical (Part B)" and you have a Medi-Cal card.

Who can't join?

You can't join Cal MediConnect if you:

- Are younger than 21
- Have retirement, veteran's or other private health coverage
- Receive developmental disability services from a Regional Center.
- If you receive services through one of the following waivers: Nursing Facility/Acute Hospital, HIV/AIDS, Assisted Living, and In Home Operations.
- Do not meet your Medi-Cal share of cost, if you have one
- Live in a veterans' home
- Have End-Stage Renal Disease (ESRD) (except in certain cases)
- Live in certain rural ZIP codes (Los Angeles County – 90704; Riverside County – 92225, 92226, 92239, 92280; San Bernardino County – 92242, 92267, 92280, 92319 92323, 92332, 92363, 92364, 92366, 93528, 93554, 93562, 93592.)



"I want to get all my care from one plan. With Cal MediConnect, My Plan manages both my Medicare and my Medi-Cal services. My doctors, hospital, long-term care are all in the same plan. I call just one phone number for help."

Cal MediConnect Benefits



Medical services

- Doctor and specialist visits
- Hospital care and surgeries
- Medical tests, like MRIs and X-rays, and screening tests like labs
- Emergency and urgent care
- Procedures, like biopsies or colonoscopies
- Prescription drugs
- Preventive care, like vaccines and check-ups
- Physical, occupational, and speech therapy
- Home health care
- Equipment, like walkers or wheelchairs, and medical supplies, like bandages and diapers

Special benefits

- Dental care
- Vision care
- Non-emergency medical transportation

Long term care services and supports

- **In-Home Supportive Services (IHSS)** are personal care and other services for people who need help to live safely at home.
- **If you get IHSS**, your services will not change. You will keep your IHSS providers and can still hire, fire, and manage them. The county IHSS social worker will still assess your needs and approve your IHSS hours. Your rights to appeal stay the same. Your health plan can work with you and your IHSS providers to help you get the care you need.
- **Daytime health care services are available at Community Based Adult Services (CBAS)** centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.
- **Care coordination** helps you work with your doctors, specialists, and other providers. It also helps you get needed equipment and services. People age 65 and older might get help with care coordination through Multipurpose Senior Services Program (MSSP).
- **Nursing home care.** Your plan will work with your doctor and nursing home to better coordinate your care. If you are in a nursing home that is not part of the health plan's network, you can stay in that nursing home for up to twelve months if they agree to work with your new health plan.

Cal MediConnect Plan Benefits

How can I find out exactly what benefits are offered by each health plan?

You can call the health plans to ask about their specific benefits and services. The inside front cover has a list of Cal MediConnect plans and phone numbers in each county.

Can I still go to my regular doctor(s) if I join a Cal MediConnect plan?

You will have to see doctors and use providers who are part of your health plan's network. You will get a list of the health plans' providers in the mail. You can ask your doctors if they work with the health plans in your area. If you see doctors who are not part of the health plan's network, you can keep seeing that doctor for up to six months if they agree to work with your new health plan.

What if I join a health plan and don't like it?

At any time, you can change your Cal MediConnect plan. You can also go back to original Medicare but you must still choose a health plan for your Long-term Services and Supports. You can change health plans any month. To do this, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), or tell your health plan that you want to leave the plan.



Medi-Cal Plans for Long-Term Services and Supports

Medi-Cal Plan benefits. There is no cost to join.

If you need any of the services below, you can ask the your Medi-Cal plan for help.

The **In-Home Supportive Services (IHSS)** program provides personal care and other services for people who need help to live safely at home.

- **If you get IHSS**, your services will not change when you are in a health plan. You will keep your IHSS providers and can still hire, fire, and manage them. The county IHSS social worker will still assess your needs and approve your IHSS hours. Your rights to appeal stay the same.

Daytime health care is available at Community Based Adult Services (CBAS) centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.

Care coordination helps you work with your doctors specialists, and other providers. It also helps you get needed equipment and services. People age 65 and older can get care coordination help through the Multipurpose Senior Services Program (MSSP).

Nursing home care is long term care provided in a facility.

Medical equipment and supplies like diapers or other supplies.

Medical Transportation is a service covered by your plan.

Medi-Cal pays your Medicare deductibles and up to 20% cost sharing, when applicable.



"I wanted to keep my Medicare services like they are now. That's why I joined a plan that focuses only on my Medi-Cal long term care services and supports. It's separate from Medicare. So when I see my primary care doctor or need any Medicare services, I still use my Medicare card."

(continued on next page)

Medi-Cal Plans for Long-Term Services and Supports

(continued from previous page)

I don't use Medi-Cal long-term care services. Why must I join a plan?

It is now mandatory to join a plan.

Medi-Cal health plans will pay any extra Medicare costs that the state pays today, like your deductibles. You should never pay out of pocket, except for Part D. Also, the Medi-Cal plans provide medical equipment, transportation and a 24-hour nurse advice line. The health plan will be able to help you if you ever do need long term care services and supports.

Can I still go to my Medicare doctor(s) if I join a Medi-Cal health plan for Long-term Services and Supports?

Yes. Enrolling in a Medi-Cal health plan for your Long-term Services and Supports does not change your Medicare benefits. You can still go to your Medicare doctors, hospitals, and providers.

I am in a Medi-Cal nursing home, can I stay in my nursing home with a Medi-Cal Plan?

If you are in a nursing home that is not part of the health plan's network, you can stay in that nursing home for up to twelve months if they agree to work with your new health plan.

Will I have any out-of-pocket costs?

You should never pay out of pocket, except for Part D.

Reminder: If you don't join or you "opt out" of a Cal MediConnect plan, you MUST join a Medi-Cal plan for Long-Term Services and Supports.

Exceptions:

People who do not have to join a health plan are listed below. They will get their long term care services and supports through regular Medi-Cal.

- People with retirement, veteran's or other private health coverage.
- People who live in a veteran's home.
- People with developmental disabilities who live in residential facilities.
- People with HIV/AIDS may disenroll from the Medi-Cal health plan and go back to regular Medi-Cal at any time. Work with your doctor to get this form.
- Native Americans may disenroll from the Medi-Cal health plan and go back to traditional Medi-Cal at any time. Ask for a "Non-Medical Exemption Request" form to disenroll.
- People younger than 21 must enroll in a Medi-Cal health plan for most Medi-Cal benefits.

Program of All inclusive Care for the Elderly (PACE)

PACE Benefits

PACE plans cover all Medicare and Medi-Cal benefits plus any service your care team decides you need. In a PACE plan, you work with a team of health care providers to get your care. Sometimes your care team may bring services to you at home. You also can go to PACE Centers during the day to see a doctor, get nursing care and therapy services, eat meals and join activities.

Medical services

- Doctor and specialist visits
- Hospital care and surgeries
- Medical tests, like MRIs and X-rays, and screening tests like labs
- Emergency and urgent care
- Procedures, like biopsies or colonoscopies
- Vision and Dental services
- Prescription drugs
- Preventive care, like vaccines and check-ups
- Physical, occupational, and speech therapy
- Home health care
- Equipment, like walkers or wheelchairs, and medical supplies, like bandages and diapers

Who can join?

To join PACE, all of these things must be true:

- You're 55 or older
- You can live in your home or community setting safely
- You need a high level of care for a disability or chronic condition
- You live in a ZIP code served by a PACE health plan
- See page # for a list of PACE plans

Long term care services and supports

- Transportation to and from the PACE Centers and outside medical appointments
- Adult Day Health Care services like recreational activities and personal care
- Personal care services to help with bathing, dressing, and other assistance to live safely at home. (This is similar but not the same as IHSS. You cannot get IHSS if you are in a PACE plan.)
- Nutritional Counseling and prepared meals delivered to your home and lunch at PACE Centers
- Nursing home care
- Social Services – counseling, family support, help with benefits



"I joined a PACE plan because it helps me get all the care and services I need. I go to the PACE center to see my doctors, get my therapies, and enjoy activities and lunch with other seniors. I also can get services at home and rides to all my medical appointments."

How to Choose a Health Plan

STEP 1

Find the best health plan for you.

Cal MediConnect

Look on the inside front cover (page 2) of this Guidebook for a list of the Cal MediConnect plans available in your county.

Do you want to get your Medicare and Medi-Cal benefits together in one health plan? If yes, a Cal MediConnect health plan may be good for you.

Medi-Cal Plan for Long-term Care Services and Supports

Look on page 20 in this Guidebook for a list of the Medi-Cal health plans available in your county.

Do you want to keep your Medicare separate and join a health plan for your Medi-Cal long term care services and supports only? If yes, then a Medi-Cal only health plan may be good for you.

Program of All Inclusive Care for the Elderly (PACE)

Look on page 21 for a list of PACE Plans available in your county. See page 5 for more information about PACE. If you choose PACE, you must still choose a Cal MediConnect Plan or a Medi-Cal health plan, just in case you do not qualify to join PACE. If you choose PACE, they will send you a letter telling you whether or not you meet the requirements to join

STEP 2

Choose the type of health plan that is a good fit for you.

Make a list of your main doctors, providers, and care needs.

Use the worksheet on page 22 to make a list of your providers and health care needs. Use this list when you call the health plans to learn more about their services. Ask the health plans if they work with your providers and cover your prescription drugs and medical equipment.

Do you have a doctor or other provider you like?

Ask your doctors if they work with any of the health plans in your county. You can also look in the health plan “provider directories” to see if your doctors or providers are listed. You may be able to keep seeing your current doctors for up to six months. See page 11 for more information.

STEP 3

Make a Health Plan Choice.



Visit Us in Person

Find an Enrollment Specialist near you by using one of the following tools:

See the Health Care Options Presentations page in the Health Plan Choice book;

Call Health Care Options at **1-800-430-4263** for information. For TTY users, call X-XXX-XXX-XXXX;

Visit www.healthcareoptions.dhcs.ca.gov and click “Presentation Sites” option.



Call Toll Free

Call toll free **X-XXX-XXX-XXXX**, Monday through Friday, 8:00 am to 5:00 pm. For TTY users, call X-XXX-XXX-XXXX. A representative can help you sign-up for a health plan or change your health plan.

Placeholder paragraph for information about IVR. Please provide specific written copy. X-XXX-XXX-XXXX English and Spanish. Enrollment info. HCO materials requests. Enrollment assistance. General Info.



Mail In Your Choice Form

Complete the Medi-Cal Choice Form in the Health Plan Choice book and mail in the postage paid envelope provided.



Go Online

Visit www.healthcareoptions.dhcs.ca.gov and go to “click here” for more information.

Getting Accessible Care

Common accessibility symbols and codes found in provider directories:

- P** Parking
- EB** Exterior Building
- IB** Interior Building
- E** Exam Room
- R** Restroom
- T** Exam Table/Scale

You can call your health plan for information about providers that meet your accessibility needs. These include:

- Specially designed exam rooms, tables, and weight scales
- Accessible parking
- Curbs and ramps
- Doors that open wide for a wheelchair or scooter

After you Join a Plan

After you enroll, your health plan will send you a member handbook and a health plan membership card. The handbook has a lot of information about your benefits and how to work with your new health plan.

Continuing your Scheduled Care

Your new health plan is required to make sure your care continues and is not disrupted.

Your health plan will work with you and your doctors to make sure you get all the care you need.

If you have a scheduled treatment and just joined a new health plan, call your new health plan right away. Tell the health plan about your treatment so they can work with you. Medi-Cal and Medicare will work with the health plan to let them know about your health care needs, such as services you have received in the past, so the health plan will be ready to serve you on the first day that your coverage is effective.

Continuing care with your doctors

You must get all your covered services from providers who work with your health plan. These are “in-network” providers. If your doctor is not in the network, you may be able to keep seeing that doctor for up to six months. This includes specialists.

If you're in a nursing home

Your health plan will work with you and your care team so you get the care you need. You have a right not to change nursing homes for at least the first 12 months. You can stay in your nursing home as long as it is part of your health plan's provider network. Also, you can ask your health plan about getting help to return to the community.

Note: Continuity of care rights apply only to doctors, including specialists, and nursing homes. You will have to get other non-doctor services through the health plan's network. This includes providers, like suppliers and fitters of medical equipment, medical supplies, and transportation.

If you see a doctor who is not part of the health plan's network, you may be able to see that doctor for up to six months. Your doctor must agree to work with your health plan.

1. Tell your doctor or provider that you joined a health plan. You can ask them about joining the health plan's network.
2. Call your health plan and tell them about your scheduled care. Ask if doctor is in their network.
3. If your doctor or provider is “out-of-network,” tell the plan you want to keep seeing the doctor.
4. The plan must contact your doctor and allow you to keep seeing that doctor for up to six months, if the doctor agrees.

Your Rights and Responsibilities

As a health plan member, you have certain rights.

These include the right to:

- Get timely access to services for a health problem or disability
- Be told where, when, and how to get needed services
- Take part in decisions about your care, including the right to refuse treatment
- Privacy about your medical records and treatment
- Get a copy of your medical records in a format you can read
- Hire, fire, and manage your IHSS provider
- Be treated with respect and dignity

As a health plan member, you have certain responsibilities. You should always:

- Use providers who work with the health plan to get covered services
- Work with your primary care provider to get approval for needed services
- Tell the health plan about your care needs and concerns
- Tell the health plan about existing appointments and services

Problem Solving

If you have a problem with your services, try to talk to your doctor and your health plan. If your problem still is not fixed, here are more steps.

File an appeal

If your health plan denies, reduces, or ends services you think you should have, you can appeal. The health plan will take another look at your service needs and will send you a letter with a decision. If you think your problem is urgent, ask for an “expedited (fast) appeal.”

File a grievance

A grievance is a way of filing a complaint. If you have a concern with your services or with someone from the health plan, you can file a grievance. You or someone on your behalf can file a grievance in writing, over the phone, or in person. Your health plan will work with you to resolve the problem.

Ask for a State Fair Hearing

For Medicare benefits, you can request an appeal with the Medicare Independent Review Entity (IRE). To get this number call 1-800-MEDICARE (1-800-633-4227)

For Medi-Cal benefits, you can also ask for a Fair Hearing if the health plan denies, reduces, or ends services you think you should get. When you ask for a Fair Hearing, the Medi-Cal Program will listen to your case and make a decision. To ask for a Medi-Cal State Fair Hearing, call 1-800-952-5253.

EXTRA HELP

If you are not happy with your Plan’s response, you can call the **Medi-Cal Managed Care Ombudsman** for free at **1-888-452-8609**.

You can also call the **HMO Help Center** at **1-888-466-2219**. They can help you file a complaint or ask for an Independent Medical Review.

Common Terms and Definitions

Appeal

A request for a review of a health plan's denial to provide or pay for medical care.

Fair Hearing

An official meeting with a judge about a Medi-Cal appeal or grievance. You must ask for a fair hearing within 90 days after the date that your Medi-Cal benefits were denied, reduced, or stopped.

Formulary

A list of medications covered by a health plan offering prescription drugs.

Grievance

A way to write or tell the health plan about your unhappiness with your provider or medical care service.

Medi-Cal

This is what the Medicaid program is called in California. Medicaid is a government insurance program for persons of all ages whose income and resources are insufficient to pay for health care.

Choice Form

The form you fill out to choose or change your health plan.

Continuity of Care

NEEDS DEFINITION

Health Plan

A group of doctors, specialists, clinics, pharmacies, hospitals, and long-term services and supports that provide health care services. Health plans are also called managed care plans. People enrolled in the health plan are called "members" and have a primary care provider who helps coordinate their health care.

Health Care Options

Agency responsible for processing plan enrollment and disenrollments.

Health Risk Assessment

NEEDS DEFINITION

Member

A person enrolled in a managed care health plan, also called an "enrollee."

Medicare

The federal health program to provide health care for people aged 65 and older, people younger than 65 with certain disabilities, and people with certain diseases.

Medicare Part A covers inpatient hospital services and other services, such as skilled nursing facilities, and home health agencies.

Medicare Part B covers physician services, outpatient services, some home health care, durable medical equipment, and laboratory services and supplies.

Medicare Part D provides coverage for most prescription drugs.

Medicare Advantage Plans

A type of Medicare health plan that covers Medicare Parts A and B benefits.

Preferred Drug List

A list of medications covered by a health plan offering prescription drugs.

Primary Care Provider

This is your doctor or other provider you see first for most health problems. They make sure you get the care you need to keep you healthy. They help connect you to other doctors and services you need.

Program for All-Inclusive Care for the Elderly (PACE)

Health plans for people age 55 and older who need nursing home level of care.

Provider Directory

A list of doctors, clinics, pharmacies, and hospitals that are in a health plan's network. You must use the providers in your health plan's network.

Medicare and Medi-Cal Resources

For information and help to enroll in, change, or leave a health plan:

Health Care Options

1-800-430-4263 • TTY: 1-800-430-7077
www.healthcareoptions.dhcs.ca.gov

For questions about Medicare coverage and services:

Medicare

1-800-MEDICARE (1-800-633-4227) • TTY: 1-877-486-2048
www.medicare.gov

If you have a problem with your health plan:

Department of Managed Health Care Help Center

Help if your health plan denies services you need.
1-888-466-2219 • TTY: 1-877-688-9891
Office of the Patient Advocate
1-866-466-8900
www.opa.ca.gov

Medi-Cal Managed Care Ombudsman

Help if you have a problem you cannot solve with your health plan.
1-888-452-8609

For help understanding your options and rights:

HICAP (Health Insurance Counseling & Advocacy Program)

Free, in-person help for people with Medicare, or people with both Medicare and Medi-Cal.
1-800-434-0222
www.aging.ca.gov/hicap

California Health Advocates

Help with Medicare benefits and long term care.
1-916-231-5110
www.calhealthadvocates.org

Disability Rights California

Free information and advice on Medi-Cal rights for people with disabilities.
1-800-776-5746 • TTY: 1-800-719-5798
www.disabilityrightsca.org

Health Services Advisory Group

For complaints about the quality of Medicare services in California.
1-866-800-8749 • TTY: 1-800-881-5980
www.hsag.com/camedicare

Medi-Cal Health Plans

ALAMEDA COUNTY

Alameda Alliance for Health	1-877-371-2222	(TTY: 1-510-747-4501)
Anthem Blue Cross	1-800-407-4627	(TTY: 1-888-757-6034)

SANTA CLARA COUNTY

Santa Clara Family Health Plan	1-800-260-2055	(TTY: 1-800-735-2929)
Anthem Blue Cross	1-800-407-4627	(TTY: 1-888-757-6034)

LOS ANGELES COUNTY

Health Net	1-800-327-0502	(TTY: 1-888-788-6383)
Molina Health Plan	1-888-665-4621	(TTY: 1-800-479-3310)
L.A. Care	1-888-839-9909	(TTY: 1-866-522-2731)
Anthem Blue Cross	1-800-407-4627	(TTY: 1-888-757-6034)
Care 1st	1-800-605-2556	(TTY: 1-800-735-2929)
Kaiser	1-800-464-4000	(TTY: 1-800-777-1370)

RIVERSIDE & SAN BERNARDINO COUNTIES

Inland Empire Health Plan	1-800-440-4347	(TTY: 1-800-718-4347)
Molina Health Plan	1-888-665-4621	(TTY: 1-800-479-3310)
Health Net	1-800-327-0502	(TTY: 1-800-431-0964)

SAN DIEGO COUNTY

Care 1st	1-800-605-2556	(TTY: 1-800-735-2929)
Community Health Group	1-800-224-7766	(TTY: 1-800-735-2929)
Health Net	1-800-327-0502	(TTY: 1-888-788-6383)
Molina Health Plan	1-888-665-4621	(TTY: 1-800-479-3310)
Kaiser English	1-800-464-4000	(TTY: 1-800-777-1370)
Español	1-800-788-0616	
Chinese	1-800-757-7585	

ORANGE AND SAN MATEO COUNTIES

People with Medi-Cal in San Mateo and Orange Counties do not need to make a choice about which health plan to join. These counties are called County Organized Health Systems (COHS) and have only one Medi-Cal health plan. Go to page 23 for more information.

(PACE) Program of All-Inclusive Care for the Elderly

Are you age 55 or older, need a higher level of care to live at home, and want to get your Medicare and Medi-Cal benefits together in one plan? A PACE plan may be good for you. If you are interested in joining a PACE plan, you should contact the PACE plan in your area for an assessment to see if you are eligible.

Program of All-Inclusive Care for the Elderly (PACE) Plans

Alameda County

Center for Elders' Independence

1-510-433-1150 • TTY: 1-510-433-1165

On Lok Lifeways:

1-888-886-6565 • TTY: 1-415-292-8898

Santa Clara County

On Lok Lifeways

1-888-886-6565 • TTY: 1-415-292-8898

San Diego County

St. Paul's PACE

1-619-677-3800 • TTY: 1-800-735-2922

Riverside & San Bernardino Counties

InnovAge PACE

1-877-653-0015 • TTY: 1-855-823-3294

L.A. County

Cities: Alhambra, Arcadia, Baldwin Park, Bell, Bell Gardens, Bellflower, Carson, Commerce, Compton, Cudahy, Downey, Duarte, East Los Angeles, El Monte, Gardena, Glendale, Hollywood, Huntington Park, Industry, Lakewood, Los Angeles, Lynwood, Maywood, Monrovia, Montebello, Monterey Park, North Long Beach, Norwalk, Paramount, Pasadena, Pico Rivera, Rosemead, San Gabriel, San Marino, Santa Fe Springs, South El Monte, Southgate, Temple City, Vernon, Whittier

Altamed Senior BuenaCare

1-877-462-2582 • TTY: 1-800-735-2922

L.A. County

Cities: Reseda, Agoura Hills, Calabasas, Canoga Park, Chatsworth, Encino, Granada Hills, Mission Hills, Northridge, North Hills, Panorama City, Porter Ranch, Sherman Oaks, Studio City, Tarzana, Valley Village, Van Nuys, West Hills, Winnetka, and Woodland Hills

Brandman Centers for Senior Care

1-818-774-3065 - TTY: 1-818-774-3194

Make a list of your main doctors, providers and care needs

Use the list you create when you look in the health plan provider directories and when you call the health plans. You can ask the health plans if they work with your providers and cover your prescriptions.

Doctors

Pharmacies and prescriptions drugs

Hospitals

Long-term care services and providers

Medical equipment and supplies

Other important services

For more information:

For information and help to enroll in, change or leave a health plan:

If you need this guidebook in an alternate format, like large print or audio call
Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077)

Health Care Options toll-free numbers:

Monday through Friday, between the hours of 8:00 a.m. - 5:00 p.m.

English		1-800-430-4263	Korean	한국어	1-800-576-6883
Arabic	اللغة العربية	1-800-576-6881	Mandarin	國語	1-800-576-6885
Armenian	Հայերեն	1-800-840-5032	Russian	Русский	1-800-430-7007
Cambodian	ភាសាខ្មែរ	1-800-430-5005	Spanish	Español	1-800-430-3003
Cantonese	粵語	1-800-430-6006	Tagalog	Tagalog	1-800-576-6890
Farsi	فارسی	1-800-840-5034	Vietnamese	Tiếng Việt	1-800-430-8008
Hmong	Hmoob	1-800-430-2022	Other Languages		1-800-430-4263

San Mateo and Orange County Med-Cal health plans

If you get Medi-Cal in San Mateo County or Orange County, you will be enrolled in one of the health plans listed below. In some cases, the rules for the following health plans can be different than the rules listed on the pages in this Guidebook.

For more information about San Mateo and Orange County health plans, call the numbers listed below:

San Mateo County

Health Plan of San Mateo..... 1-800-750-4776..... (TTY 1-650-616-8037)

Orange County

CalOptima..... 1-888-587-8088.....(TTY 1-714-246-8523)



State of California-Health and Human Services Agency
Department of Health Care Services

P.O.Box 989009

West Sacramento, CA 95798-9850

1-800-430-4263

(TTY:1-800-430-7077)