



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



Health Plan Guidebook

Medicare and Medi-Cal



Health Care Options: 1-844-580-7272

DRAFT

Cal MediConnect Health Plans

These plans cover both Medicare and Medi-Cal benefits.

Alameda County	<ul style="list-style-type: none">• Alliance CompleteCare 1-877-371-2222 (TTY: 1-510-747-4501) <i>Website URL TBD</i>• Anthem Blue Cross 1-888-350-3532 (TTY: 711) <i>Website URL TBD</i>
Santa Clara County	<ul style="list-style-type: none">• Santa Clara Family Health Plan 1-877-723-4795 (TTY: 1-855-874-7914) <i>Website URL TBD</i>• Anthem Blue Cross 1-855-817-5785 (TTY: 711) <i>Website URL TBD</i>
Los Angeles County	<ul style="list-style-type: none">• Health Net 1-888-788-5395 (TTY: 711) <i>Website URL TBD</i>• L.A. Care 1-888-522-1298 (TTY: 711) <i>Website URL TBD</i>• CareMore 1-888-350-3447 (TTY: 711) <i>Website URL TBD</i>• Care1st Health Plan 1-855-905-3825 (TTY: 711) <i>Website URL TBD</i>• Kaiser 1-800-464-4000 (TTY: 1-800-777-1370) <i>Website URL TBD</i>
Riverside & San Bernardino Counties	<ul style="list-style-type: none">• Inland Empire Health Plan (IEHP DualChoice Medicare-Medi-Cal) 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) <i>Website URL TBD</i>• Molina Dual Options 1-855-665-4627 (TTY: 711) <i>Website URL TBD</i>
San Diego County	<ul style="list-style-type: none">• Care1st Health Plan 1-800-905-3825 (TTY: 711) <i>Website URL TBD</i>• Community Health Group CommuniCare Advantage 1-800-224-7766 (TTY: 1-800-735-2929) <i>Website URL TBD</i>• Health Net 1-888-788-5395 (TTY: 711) <i>Website URL TBD</i>• Molina Dual Options 1-855-665-4627 (TTY: 711) <i>Website URL TBD</i>

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.

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|---|--|
| <ul style="list-style-type: none">• Alameda• Los Angeles• Riverside | <ul style="list-style-type: none">• San Bernardino• San Diego• 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. The last page of this guidebook has a list of organizations and phone numbers you can call for more information.

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- Pick the type of plan you want
 - Find out the plans in your area
 - Fill out the provider worksheet
 - Enroll in the plan
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Section 3: After you join a plan (pages 13 - 16)

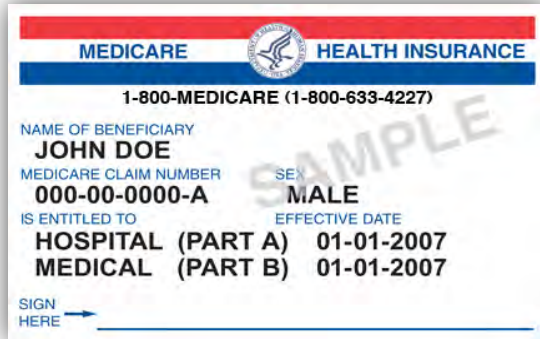
- Your rights and responsibilities in a plan
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If you need this guidebook in an **alternate format**, like large print or audio call **Health Care Options** at 1-844-580-7272.

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 (below) is your main card for doctors, hospitals, pharmacies, and other medical benefits.



For questions about Medicare coverage, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

Your Medi-Cal card (below) is your main card for long-term care benefits like In-Home Supportive Services and nursing home care. Medi-Cal pays your Medicare deductibles and 20% cost sharing.



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 may include doctors, hospitals, specialists, pharmacies, and long term services and supports providers.

Sometimes a health plan is called a “managed care organization.”

Each health 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 network of providers. Your health plan works with all your providers so get you the care you need.

Reasons for joining a health plan:

- I want help finding doctors, specialists, and other providers.
- I want help getting interpreters and information in my language.
- I want help finding care that is accessible to me.
- I want help if I need to file a complaint or an appeal.
- I want help coordinating my care.

Section 1: Types of Health Plans

People with **both** Medicare and Medi-Cal have new choices about how to get their health care services. This section explains those choices.



Cal MediConnect Plans– Cover both your Medicare and Medi-Cal benefits together in one health plan. You have one card for all your benefits.



Program for All-Inclusive Care for the Elderly (PACE) Plans – Cover Medicare and Medi-Cal benefits together for people age 55 and older who need a higher level of care to live at home.



Medi-Cal Plans – Cover only Medi-Cal benefits, such as long term services and supports, medical equipment and transportation. Medicare benefits stay separate.

Questions and Answers

1. Do I have to join a health plan?

Yes. The Medi-Cal program now requires that you get your Medi-Cal benefits through a health plan. You have three types of health plans to choose from. They are described in this guidebook. You will get a notice in the mail that tells you when this change is happening.

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

Yes. Cal MediConnect or PACE 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 Section 1.

3. I want to keep my Medicare like it is today and “opt out” of Cal MediConnect. Do I still have to join a Medi-Cal health plan?

Yes. If you don't join a Cal MediConnect or PACE plan, you have to join a Medi-Cal Plan. If you ever do need long-term care services, the health plan can help you get the care you need. If you don't use these services now, your health care won't change.

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

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



Cal MediConnect Health Plans

“I like getting all my care from one Plan. It’s why I chose 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.”



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 “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, with the health plan, and with 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 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 Waiver Services
- Receive Nursing Facility, Acute Hospital or Assisted Living waiver services
- 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.)



Cal MediConnect Plan 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)** program personal care and other services for people who need help to live safely at home.
→ **If you get IHSS now**, your services will not change in Cal MediConnect. You 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** at **Community Based Adult Services (CBAS)** centers provides 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 ask for care coordination help through the **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 now, you have a right not to change your nursing home for 12 months. Ask your plan for more information.

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.

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

At any time, you can disenroll from Cal MediConnect and go back to Original Medicare. Or you change health plans any month. To do this, call Health Care Options at **1-844-580-7272**, or tell your health plan that you want to leave the plan.



Program for All Inclusive Care for the Elderly – PACE

“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.”



PACE benefits

PACE plans cover nearly all Medicare and Medicaid 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
- 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

Long term care services and supports

- Home Care – help with personal care and light housekeeping. (This is similar but not the same as IHSS. You cannot get IHSS if you are in a PACE plan.)
- Meals –prepared meals delivered to your home and lunch at PACE centers
- Nutritional Counseling
- Social Services – counseling, family support, help with benefits
- Transportation to and from the PACE Centers and medical appointments



Medi-Cal Plans

“I wanted to keep my Medicare services like they are now. That’s why I joined a health 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. But this Medi-Cal Plan pays my extra Medicare costs.”



Medi-Cal Long Term Services and Supports Plan benefits

If you need any the services below, you can ask the health 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.
- If you want, your health plan can work with you and your IHSS providers to make sure you get the care you need.

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

- Your health plan will work with you and your doctor if you need this service.

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 the **Multipurpose Senior Services Program (MSSP)**.

- Your health plan will work with you if you need and want care coordination help.

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

- Your health plan will work with you and your doctor if you need this service.

Medical equipment and supplies like wheelchairs or diapers.

- Your plan will work with you if you need these services

Extra Medicare costs – The plan pays these costs like the State does today.

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

Medi-Cal health plans will pay any extra Medicare costs that the state pays today, like your deductibles. 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 regular doctor(s) if I join a Medi-Cal long-term care plan?

Yes. Enrolling in a Medi-Cal Long Term Care Plan does not change your Medicare benefits. You can still go to your Medicare doctors, hospitals, and providers.

REMINDER: If you don't join a Cal MediConnect or PACE plan, you MUST join a Medi-Cal long-term care plan. Sometimes this is called "opting out."

Exceptions: People who do not have to join a health plan

People with retirement, veteran's or other private health coverage, and people who live in a veteran's home do not have to join a health plan.

People with HIV/AIDS may disenroll from the Medi-Cal health plan and go back to original Medi-Cal at any time. Ask for a "Medical Exemption Request (MER)" form to disenroll. 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. But if you are under 21, you do not have to get your long term care services and supports from a health plan.

Getting accessible care

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 other ramps
- Doors that open wide for a wheelchair or scooter
- Accessible communication

Common accessibility symbols and codes found in provider directories:



Parking = P

Exterior Building = EB

Interior Building = IB

Exam Room = E

Restroom = R

Exam Table/Scale = T

Section 2: How to Choose A Health Plan

Step 1 - Choose the type of health plan that is a good fit for you



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



Are you age 55 or older, need a high 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.**



Do you want to keep your Medicare separate and join a health plan just for your Medi-Cal long-term care benefits? **A Medi-Cal health plan may be good for you.**

Step 2 - Find what services the health plans offer in your county

The inside front and back covers of this guidebook list the health plans in each county.

You can call the plans to ask questions about their benefits and services. Also, each plan has a page in your “Health Plan Choices” book listing its benefits and services. Or you can call **Health Care Options** and ask for help at 1-844-580-7272.

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.

Step 3 - Make a list of your main doctors, providers, and care needs

Create a list of your providers and care needs using the boxes below. 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.

Your doctors	Your pharmacies and prescription drugs
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Your hospitals	Long-Term Care Services and Supports
Your medical equipment and supplies	Other important services

Step 4 - Make a health plan choice

You will get notices in the mail telling you when it’s time to choose a health plan. But you don’t have to wait until you get the notices. You can enroll at any time.



Call toll free

Call **Health Care Options** at **1-844-580-7272**, Monday to Friday, 8:00am to 5:00 pm. You will get help signing-up for a health plan.

Go in person

Find an enrollment specialist near you by using one of these tools:



- Look in your “Health Plan Choices” booklet for the page listing local presentations. Or get a schedule by calling **Health Care Options** at **1-844-580-7272**.
- Visit www.healthcareoptions.dhcs.ca.gov and click on the “Presentation Sites” option.

Mail in your choice form



- Complete the **Health Plan Choice Form** in your “Health Plan Choices” booklet and mail it back in the postage paid envelope provided.

Section 3: 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 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.

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.

You may be able to keep seeing your current doctors for up to six months. This includes specialists. See box at right for steps.

If you're in a Medi-Cal 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. 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 of medical equipment, medical supplies, and transportation.

Steps to continue your care

If you see a doctor who is not part of the health plan's network, you may be able to see that doctor for a 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 & 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
- 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

Problem Solving

If you have a problem with your services, try to talk to your doctor and your health plan. If you're still not happy, 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're not happy 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

If you're still not happy with your health plan's response, for Medi-Cal benefits, you can ask for a Fair Hearing. 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.

Definitions

- **Appeal:** A request for a review of a health plan decision about coverage or payment.
- **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 of the date that your Medi-Cal benefits were denied, reduced, or stopped.
- **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.
- **Cal MediConnect:** Health plans for people with both Medicare and Medi-Cal. They cover all basic Medi-Cal benefits and Medicare benefits.
- **Choice Form:** The form you fill out to choose or change your health plan.
- **Health Plan:** A group of doctors, specialists, clinics, pharmacies, hospitals, and long term care 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 guidebook their health care.
- **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.
- **Member:** A person enrolled in a managed care health plan, also called an “enrollee.”
- **Preferred Drug List:** A list of medications covered by a health plan offering prescription drugs.
- **Program for All-Inclusive Care for the Elderly (PACE)** – Health plans for people age 55 and older who need a higher level of care to live at home.
- **Primary Care Provider:** Your main health care provider. This may be a doctor, nurse practitioner, nurse midwife, or physician’s assistant. They help connect you to all the services you need, including care from specialists.
- **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.

Resources for Help & More Information

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

Health Care Options

Provides beneficiaries with resources to make informed choices about Medi-Cal benefits.

1-844-580-7272

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

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

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

Alameda County

- Center for Elders' Independence:
1-510-433-1150
- On Lok Lifeways: 1-888-886-6565

Santa Clara County

- On Lok Lifeways: 1-888-886-6565

San Diego County

- St. Paul's PACE: 1-619-271-7100

Riverside & San Bernardino Counties

- InnovAge PACE: 1-909-366-4230

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

LA 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
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Medi-Cal Health Plans

Alameda County	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Health Net 1-800-327-0502 (TTY: 1-800-431-0964) <ul style="list-style-type: none"> ○ Molina Health Plan 1-888-665-4621 (TTY: 1-800-479-3310) • L.A. Care 1-888-839-9909 (TTY: 1-866-522-2731) <ul style="list-style-type: none"> ○ Anthem Blue Cross 1-800-407-4627 (TTY: 1-888-757-6034) ○ Care1st 1-800-605-2556 (TTY: 1-800-735-2929) ○ Kaiser 1-800-464-4000 (TTY: 1-800-777-1370)
Riverside & San Bernardino Counties	<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> ○ Health Net 1-800-327-0502 (TTY: 1-800-431-0964)
San Diego County	<ul style="list-style-type: none"> • Care1st 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: 1-800-431-0964) • Molina Health Plan 1-888-665-4621 (TTY: 1-800-479-3310) • Kaiser 1-800-464-4000 English (TTY: 1-800-777-1370)