



A source of information
 for Medi-Cal Members

SUMMER 2011

For Your Health

IS YOUR CHILD'S MEDI-CAL COVERAGE ENDING SOON?

If your child's Medi-Cal is ending because of an increase in your income, you may qualify for the Healthy Families Program. The Healthy Families Program provides health, dental and vision coverage for children at a low cost.

To qualify for the Healthy Families Program, your child should:

- Be under 19 years old
- Not qualify for no-cost Medi-Cal
- Not have employer-sponsored health insurance in the past 3 months
- Be a U.S. citizen or meet immigration rules
- Live in a household within the Healthy Families Program Income Guidelines

CalOptima has staff who can answer questions about the Healthy Families Program and help you fill out the application. Call us at **1-714-246-8607**, Monday through Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language.

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For Your Health



Walking is a great way to keep your body in shape.

INCREASE YOUR STEPS

Every step counts! Walking is a great way to keep your body in shape. It can be a fun way for you and your family to improve or maintain a healthy weight. How many steps are you taking each day? Try to walk 10,000 steps a day. Start slowly. Add 200–300 steps a day until you reach your goal. Try these tips to increase your steps:

At home:

- Take a walk before getting the mail.
- Go for a walk around the block before or after lunch.

Around town:

- Park farther away at the store or when running errands.
- Return your shopping cart to the store when you are done unloading.

At work:

- Take the long way to enter the building.
- Use a copy machine or restroom farthest away or on another floor from your own.

MEMBER RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Be treated with respect and dignity by all CalOptima, health network and provider staff
- Privacy and to have your medical information kept confidential
- Get information about CalOptima, our health networks, our providers, the services they provide, and your member rights and responsibilities
- Choose a Primary Care Provider (PCP) within CalOptima's network
- Talk openly with your health care providers about medically necessary treatment options, regardless of cost or benefit
- Help make decisions about your health care, including the right to say "no" to medical treatment
- Voice complaints or appeals, either verbally or in writing, about CalOptima or the care we provide
- Get oral interpretation services in the language that you understand
- Make an advance directive
- Access family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and emergency services outside CalOptima's network
- Ask for a State Hearing, including information on the conditions under which your State Hearing can be expedited
- Have access to your medical record and, where legally appropriate, get copies of, update or correct your medical record
- Access minor consent services
- Get written member information in large-size print and other formats upon request and in a timely manner appropriate for the format being requested
- Be free from any form of control or limitation used as a means of pressure, punishment, convenience or revenge
- Get information about your medical condition and treatment plan options in a way that is easy to understand
- Make suggestions to CalOptima about your member rights and responsibilities
- Freely use these rights without negatively affecting how you are treated by CalOptima, providers or the state

YOU ARE RESPONSIBLE FOR:

- Knowing, understanding and following your member handbook
- Understanding your medical needs and working with your health care providers to create your treatment plan
- Following the treatment plan you agreed to with your health care providers
- Telling CalOptima and your health care providers what we need to know about your medical condition so we can provide care
- Making and keeping medical appointments and telling the office when you must cancel your appointment
- Learning about your medical condition and what keeps you healthy
- Taking part in health care programs that keep you healthy
- Working with and being polite to the people who are partners in your health care

HOW CALOPTIMA GUARDS YOUR PROTECTED HEALTH INFORMATION

Keeping your Protected Health Information (PHI) safe is very important to us. CalOptima staff members are trained to handle your PHI in a secure and private manner. Our staff have agreed in writing to keep your information private. Only those who need to see your PHI to arrange or pay for covered health care services are allowed to use your PHI.

Papers that have your PHI are kept securely locked up in the CalOptima office. When we no longer need your PHI, these papers are shredded so that no one can read them.

We have built-in security in our computer system to keep anyone else from seeing your PHI. If your PHI is sent in an email or stored on a CD or some other electronic device, CalOptima uses a system to scramble your PHI so that only those who are allowed to have your PHI can read it. For a copy of our Notice of Privacy Practices, visit our website at www.caloptima.org or contact CalOptima's Customer Service Department.



NEW ADDRESS OR PHONE NUMBER?

We need your correct address and phone number to contact you about your health care. If you have a new address or phone number, please report it by calling:

- Your Orange County Social Services Agency eligibility worker
- CalOptima's Customer Service Department
- United States Postal Service at **1-800-275-8777**

DECISIONS ABOUT YOUR HEALTH CARE

If you need special medical services, our Utilization Management (UM) Department will work with your doctor to decide if the services are appropriate. We make our decisions based on your medical needs and Medi-Cal coverage. We do not reward our staff or your doctor if they do not approve services. Financial incentives for our staff or your doctor are not related to their decisions about your care.

As a CalOptima member, you have the right to ask about our Utilization Management (UM) process and decisions. If you have questions, please call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** to be connected with a staff member who can answer questions about our UM process. TDD/TTY users can call **1-714-246-8523**. Language services are available to help you speak with our UM staff.

NEED HELP FROM A CASE MANAGER?

You may need help from a case manager if you have difficult medical problems. Case managers are nurses who can help you:

- Fix problems with medications
- Get home care after you have been ill or injured, or had major surgery
- Manage your treatments for cancer, immune diseases, dialysis, or transplants

Your doctor can help you get case management services, or you can call your health network or CalOptima's Customer Service Department.

CALOPTIMA'S QUALITY IMPROVEMENT PROGRAM GOALS AND PROGRESS IN MEETING GOALS

Every year, we have the opportunity to inform our members, providers and community partners about the goals of our QI program and the accomplishments we have made in our QI Program in the past year. It is a great way to share some of our activities, achievements and projects within our QI Program. You can find our 2010–2011 QI Program and Progress in Meeting Goals on the CalOptima website at www.caloptima.org.

If you would like a hard copy of the QI Program and Progress in Meeting Goals, call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088**. TDD/TTY users can call **1-714-246-8523**.

NEED TO CHANGE HEALTH NETWORKS OR PCPS?

Starting December 1, 2011, you and your eligible family members can ask to change health networks every 30 days. You will need to complete a Health Network Selection Form. Call CalOptima's Customer Service Department to ask for a form. CalOptima must receive your form by the 10th of the month for your health network change to be effective the first of the following month.

If you want to change your health network before December 1, 2011, please call CalOptima's Customer Service Department to see if you are eligible to change.

If you want to change your Primary Care Provider (PCP), call your health network for help. You can change PCPs within your health network every 30 days.

GET INFORMATION IN OTHER LANGUAGES OR FORMATS

Information and materials from CalOptima are available in large-size print and other formats and languages. Please call CalOptima's Customer Service Department if you need information or materials in another format or language.

HOW TO CONTACT CALOPTIMA

If you have questions or need help with your health care services, call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088**, Monday through Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language. TDD/TTY users can call **1-714-246-8523**. You can also visit our website at www.caloptima.org.

INFORMATION ABOUT YOUR BENEFITS AND HOW TO GET CARE

CalOptima has information to help you understand your benefits and how to get the health care services you need. For information on the benefits and services listed below, please read your member handbook. For the most up-to-date member handbook, visit our website at www.caloptima.org.

- Covered and excluded services
- Pharmacy procedures
- Payment of services, such as copayments or what to do if you receive a bill
- Out-of-area services and benefit restrictions
- No-cost language assistance services
- Information about our providers and making an appointment with your primary care provider
- Care from a specialist and hospital services
- After-hours care
- Emergency medical services
- How to file a complaint or appeal
- New medical technology

Information about our providers can be found on CalOptima's web-based provider directory at www.caloptima.org. You can also call CalOptima's Customer Service Department to get a copy of the member handbook or provider directory.

CALOPTIMA STANDARDS OF CARE

As a CalOptima member, you have the right to get covered health care services in a timely manner and in a way that meets your needs. Below is a list of covered services and the standards for getting care.

Covered Services	CalOptima Standards of Care
Emergency Services	Immediately, 24 hours a day, 7 days a week
Urgent Care Services	
Urgent Care Services that do not need Prior Authorization	Within 24 hours
Urgent Care Services that need Prior Authorization	Within 96 hours
Non-Urgent Services	
Acute Care	Within 3 working days
Primary Care	Within 10 working days
Routine Physical Exams and Health Assessments	Within 30 calendar days
Specialty Care	Within 15 working days
Ancillary Services	Within 15 working days
Exceptions to Time Frames for Appointments	Appointment time frames can be longer if your provider feels that a longer wait time will not be harmful to your health.
Initial Health Assessment (IHA) or Individual Health Education Behavioral Assessment (IHEBA)	Within 120 calendar days after becoming a CalOptima member
High-Risk Pregnancy	Within 3 calendar days
Certified Nurse-Midwife and Certified Nurse Practitioner Services	If certified nurse-midwife or practitioner services are not available, you may self-refer to out-of-network services.
Sensitive Services	If sensitive services are not available, you may self-refer to out-of-network providers.
Minor Consent Services	Available to any CalOptima member under age 18 without parental consent
Family Planning Services	If family planning services are not available, you may self-refer to out-of-network services.
Behavioral Health Care	
Emergency care for a condition that is life-threatening	Immediately, 24 hours a day, 7 days a week
Emergency care for a condition that is not life-threatening	Within 6 hours

Covered Services	CalOptima Standards of Care
Urgent Care	Within 2 calendar days
Routine Care	Within 10 working days
Practitioner Availability	
After-Hours Access	24 hours a day, 7 days a week
Access to PCP	Within 10 miles or 30 minutes of your home
Access to Health Care Delivery Organization (HDO)	Within 15 miles or 30 minutes of your home
PCP Availability	Ratio of PCPs to members is 1:2,000 or less
Total Physician Availability	Ratio of total physician to members is 1:1,200 or less
Non-Physician Practitioner Availability	Ratio of non-physician practitioner to members is 1:1,000 or less
Telephone Access	
Telephone Triage or Screening Services	24 hours a day, 7 days a week
Telephone wait time during business hours	Less than 10 minutes
Non-urgent and non-emergency message during business hours	Return call within 24 hours
Urgent message during business hours	Return call within 30 minutes
Emergency message during business hours	Return call within 5 minutes
Telephone access after business hours	Return call within 5 minutes
Interpreter Services	
Written Materials	
Rescheduling of Appointments	