

## **Important Information About Your Medi-Cal Benefits**

Welcome to Medi-Cal! You qualify for Medi-Cal based on the information in your CalFresh case. Your Medi-Cal benefits start

Cal. Welf. & Inst. Code §§ 14005.60 and 14005.66 authorized this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the Department of Health Care Services sent you this notice.

### **Do you have any changes?**

Over the next year, you are obligated to report any changes that would affect your health insurance within 10 days of such a change. You are obligated to contact us if:

- You move
- Your income changes
- Your household changes, for example, you marry/divorce, become pregnant, or have a child(ren)
- You become qualified for other health insurance

To report changes, please contact your county social services office. County contact information is listed in this packet.

### **Benefits Identification Card**

You will soon get a Medi-Cal identification card called a Benefits Identification Card, or BIC. It is white with blue writing, and it has a picture of the seal of the State of California. It will also have your name on it. This card will be sent to you in a separate letter. You may begin using your BIC as soon as you get it. If you already have a BIC, you will not get a new one. Keep using your current BIC.

### Language Services Notice

If you do not understand this information or notification, call your county Medi-Cal worker. You have the right to interpreter services provided by the county at no cost to you.

Si no entiende esta información o notificación, llame al trabajador de Medi-Cal de su condado. Tiene derecho a obtener servicios de intérpretes proporcionados por el condado sin costo para Ud. (Spanish)

إذا لم تفهم هذه المعلومات أو هذا الإبلاغ . إتصل بموظف Medi-Cal الخاص بمقاطعتك . لديك حق الحصول على خدمات ترجمة مجانية متوفرة لك من قبل المقاطعة. (Arabic)

Եթե դուք չեք հասկանում այս տեղեկությունը կամ հայտարարությունը, զանգահարեք ձեր քառնքիի Medi-Cal-ի աշխատակցին: Դուք իրավունք ունեք քառնքիի կողմից տրամադրված թարգմանչական անվճար ծառայություն ստանալու: (Armenian)

បើសិនជាអ្នកមិនយល់ព័ត៌មាន ឬសេចក្តីជំរាបនេះទេ សូមទូរស័ព្ទទៅអ្នកធ្វើការខាង Medi-Cal នៅខោនធីរបស់អ្នក ។ អ្នកមានសិទ្ធិទទួលសេវាពីអ្នកបកប្រែ ដែលបានផ្តល់ដោយខោនធី ដោយឥតគិតថ្លៃអ្វីផលអ្នកឡើយ ។ (Cambodian)

如果您不理解此處的資訊或通知,請電洽您所在縣的Medi-Cal工作人員。您有權免費獲得縣政府提供的免費口譯服務。(Chinese)

اگر این اطلاعات و یا اطلاعیه را درک نمی کنید. با مددکار Medi-Cal کانتی خود تماس بگیرید. شما این حق را دارید که به طور رایگان از خدمات مترجم از طریق کانتی استفاده کنید. (Farsi)

Yog koj tsis totaub txog cov kev qhia lossis tsab ntwav no, hu rau koj tus neeg tuav ntaub ntwav Medi-Cal hauv lub county. Koj muaj cai tau txais kev pab txhais lus dawb los ntwam lub county. (Hmong)

이 정보나 통지서를 이해할 수 없는 경우에는 카운티 Medi-Cal 담당 직원에게 전화하십시오. 가입자는 카운티가 무료로 제공하는 통역 서비스를 받을 권리가 있습니다. (Korean)

Если вы не понимаете данную информацию или уведомление, позвоните сотруднику компании Medi-Cal вашего округа. У вас есть право на получение услуг переводчика, которые предоставляются округом бесплатно. (Russian)

Kung hindi ninyo naiintindihan ang impormasyon o paunawang ito, tawagan ang inyong manggagawa sa Medi-Cal ng county. Kayo ay may karapatang magkaroon ng mga serbisyo ng tagasalin na ibibigay ng county na walang bayad sa inyo. (Tagalog)

Nếu quý vị không hiểu chi tiết hoặc thông báo này, hãy điện thoại cho nhân viên Medi-Cal tại quận quý vị. Quý vị có quyền được quận cung cấp dịch vụ thông dịch miễn phí cho quý vị. (Vietnamese)

# Welcome to Medi-Cal

In this packet you will find the following materials:

- Multi-Lingual Notice
- Welcome Letter
- Your Hearing Rights
- County Listings Contact
- Medi-Cal - What it Means to You
- Notice of Privacy Practices

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:  Cash Aid  CalFresh  
 Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

California Department of Social Services  
State Fair Hearing Division  
PO Box 944243, MS 9-17-37  
Sacramento, CA 94244-2430

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

- Cash Aid  CalFresh  Medi-Cal  
 Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If you need more space, check here and add a page.  
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# County Social Services Agencies

If the information on this list has changed, you may verify the information in the phone directory under the county government listings.

## A - L Counties

### Alameda County (01)

(510) 383-8523

### Alpine County (02)

(530) 694-2235

### Amador County (03)

(209) 223-6550

### Butte County (04)

Oroville (530) 538-7711

### Calaveras County (05)

(209) 754-6448

### Colusa County (06)

(530) 458-0250

### Contra Costa County (07)

(866) 663-3225

### Del Norte County (08)

(707) 464-3191

### El Dorado County (09)

(530) 642-7300

### Fresno County (10)

Call Center – Main Number

(559) 600-1377

Services: Heritage Center, Fresno

Coalinga Regional Center

Selma Regional Center

Reedley Eastside Services

### Glenn County (11)

(530) 934-6514

### Humboldt County (12)

(877) 410-8809

### Imperial County (13)

(760) 337-6800

### Inyo County (14)

(760) 872-1394

### Kern County (15)

(661) 631-6807

### Kings County (16)

(559) 582-3241

### Lake County (17)

(707) 995-4200

### Lassen County (18)

(530) 251-8152

### Los Angeles County (19)

Customer Service Center

(866) 613-3777

## M - O Counties

### Madera County (20)

(559) 675-2300

### Marin County (21)

(415) 473-3400

### Mariposa County (22)

(209) 966-2000

### Mendocino County and Fort Bragg Office (23)

(707) 962-1000

(877) 327-1677 Toll-Free

in Mendocino

Ukiah Office (707) 463-7700

(877) 327-1711 Toll Free

in Mendocino

### Merced County (24)

(209) 385-3000

### Modoc County (25)

(530) 233-6501

### Mono County (26)

North County Office

(760) 932-5600

South County Office

(760) 924-1770

### Monterey County (27)

(831) 755-8500

(831) 755-4650

### Napa County (28)

(800) 464-4214 Toll-Free

(707) 253-4511

### Nevada County (29)

(888) 809-1340 Toll-Free

(530) 265-1340

### Orange County (30) Anaheim

(949) 389-8456 Automated

(714) 541-4895 Automated

(800) 281-9799

## P - R Counties

### Placer County Human Services (31)

(888) 385-5160 Toll-Free

(916) 784-6000 From outside

of the County

### Plumas County (32)

(530) 283-6350

**Riverside County (33)**

Call Center – Customer Service  
(800) 274-2050

**S Counties**

**Sacramento County (34)**

(916) 874-3100

**San Benito County (35)**

(831) 636-4180

**San Bernardino County (36)**

(877) 410-8829

**San Diego County (37)**

(866) 262-9881

**City & County of**

**San Francisco (38)**

(415) 558-2800

**San Joaquin County (39)**

(209) 468-1000

**San Luis Obispo County (40)**

(805) 781-1600

**San Mateo County (41)**

(800) 223-8383

**Santa Barbara County (42)**

Access Cal Win:  
(866) 404-4007

**Santa Clara County (43)**

(408) 758-3800 Benefits  
Assistance Center  
(408) 758-4600 or  
(877) 962-3633  
Automated Assistance

**Santa Cruz County (44)**

Benefit Call Center:  
(888) 421-8080  
Santa Cruz  
(831) 454-4165  
Watsonville  
(831) 763-8500

**Shasta County (45)**

(877) 652-0731

**Sierra County (46)**

Loyalton  
(530) 993-6721  
Downieville  
(530) 289-3711

**Siskiyou County (47)**

(530) 841-2700

**Solano County (48)**

Benefit Action Center:  
(800) 400-6001 Toll-Free  
Fairfield (707) 784-8050  
Vacaville (707) 469-4500  
Vallejo (707) 553-5000

**Sonoma County (49)**

(877) 699-6868 Toll-Free

**Stanislaus County (50)**

(877) 652-0734 Toll-Free

**Sutter County (51)**

(530) 822-7230

**T - Y Counties**

**Tehama County (52)**

(530) 527-1911

**Trinity County (53)**

(800) 851-5658 Toll-Free  
(530) 623-1265

**Tulare County (54)**

(800) 540-6880 Toll-Free

**Tuolumne County (55)**

(209) 533-5711

For mailed application  
(209) 533-5725

**Ventura County (56)**

Administrative Office  
(805) 477-5100  
(866) 904-9362 Toll-Free

Regional Offices:

Oxnard (805) 385-9363  
Ventura (805) 658-4100  
Santa Clara Valley  
(805) 933-8300  
East County  
(805) 584-4842

**Yolo County (57)**

Woodland  
(530) 661-2750  
West Sacramento  
(916) 375-6200

**Yuba County (58)**

(530) 749-6311



## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

P.O. Box 997413 MS 4721 • Sacramento, CA 95899-7413

**(866) 866-0602 or (877) 735-2929 TTY/TTD • <http://dhcs.ca.gov/privacyoffice>**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

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### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:
  - **Phone: (866) 866-0602**, Opt. 1, or (877) 735-2929 TTY/TDD
  - Fax: (916) 440-7680 • Email: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)
  - DHCS Privacy Officer • P.O. Box 997413 MS 4721 • Sacramento, CA 95899-7413
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:
  - 200 Independence Avenue, S.W., Washington, D.C. 20201
  - or calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## Our Uses and Disclosure

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.

**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

**Example:** We use health information about you to develop better services for you.

**Pay for your health services**

- We can use and disclose your health information as we pay for your health services.

**Example:** We share information about you with your dental plan to coordinate payment for your dental work.

**Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration.

**Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.



## Our Uses and Disclosure

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone’s health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li></ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>
<b>Conduct outreach, enrollment, care coordination and case management</b>	<ul style="list-style-type: none"><li>• We can share your information with other government benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management.</li></ul>
<b>Appeal a DHCS decision</b>	<ul style="list-style-type: none"><li>• We can share your information if you or your provider appeal a DHCS decision about your health care.</li></ul>
<b>Apply for full scope Medi-Cal</b>	<ul style="list-style-type: none"><li>• If you are applying for full scope Medi-Cal benefits, we must check your immigration status with the U.S. Citizenship and Immigration Services (USCIS).</li></ul>
<b>Join a managed care plan</b>	<ul style="list-style-type: none"><li>• If you are joining a new managed care plan, we can share your information with that plan for reasons such as care coordination and to make sure that you can get services on time.</li></ul>

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**Administer our programs** • We can share your information with our contractors and agents who help us administer our programs.

**Comply with special laws** • There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey the laws when they are stricter than this notice.

We will never market or sell your personal information.



- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site and we will mail a copy to you.

*Effective Date: September 23, 2013*

**This Notice of Privacy Practices applies to the following organizations.**

- This notice applies to all DHCS programs, including Medi-Cal. For a full list of programs currently run by DHCS, please visit our website at [www.dhcs.ca.gov/services](http://www.dhcs.ca.gov/services).

**For More Information**

Please contact us to request a copy of this notice in other languages or to get a copy in another format, such as large print or Braille.

DHCS does not have full copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor, dentist, or health plan first.

To request this letter in your own language, please contact us at:

<b>English</b>		1-855-297-5064	<b>Korean</b>	한국어	1-855-297-5064
<b>Arabic</b>	اللغة العربية	1-855-297-5064	<b>Mandarin</b>	國語	1-855-297-5064
<b>Armenian</b>	Հայերեն	1-855-297-5064	<b>Russian</b>	Русский	1-855-297-5064
<b>Cambodian</b>	ភាសាខ្មែរ	1-855-297-5064	<b>Spanish</b>	<b>Español</b>	1-855-297-5064
<b>Cantonese</b>	粵語	1-855-297-5064	<b>Tagalog</b>	<b>Tagalog</b>	1-855-297-5064
<b>Farsi</b>	فارسی	1-855-297-5064	<b>Vietnamese</b>	Tiếng Việt	1-855-297-5064
<b>Hmong</b>	<b>Hmoob</b>	1-855-297-5064	<b>Other Languages</b>		1-855-297-5064



# Medi-Cal What It Means to You

For persons enrolling in Medi-Cal based on their CalFresh eligibility.

## What is Medi-Cal?

Medi-Cal is California's version of the federal Medicaid program. Medi-Cal offers no-cost and low-cost health insurance to those individuals living in California that meet the eligibility requirements. Under the federal Affordable Care Act (ACA), Medi-Cal coverage has been expanded, and up to two million new people just like you will be eligible for Medi-Cal in 2014.

Your local county social services office manages most Medi-Cal cases. You can contact your county social services office by using the enclosed County Contact list or online at [www.benefitscal.com](http://www.benefitscal.com).

You are eligible for Medi-Cal benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability, or veteran status.

## Is Medi-Cal changing how someone qualifies to receive benefits?

Yes. Medi-Cal eligibility is now simpler than ever. Medi-Cal is extending eligibility to individuals who receive CalFresh benefits and who are citizens or legal immigrants. To qualify for Medi-Cal, you must be a California resident and Department of Health Care Services (DHCS) will automatically enroll you into the Medi-Cal program as a former CalFresh participant.

## Would I get different health insurance if I apply using the Covered California application I hear about?

No, you do not need to apply for coverage through Covered California now because you will be moved to Medi-Cal automatically. However, if your income changes during the year or at your annual renewal, you may qualify for other health insurance and premium assistance through Covered California.

## What health coverage is available through Medi-Cal?

Medi-Cal offers a comprehensive set of benefits known as "essential health benefits". Some of the essential health benefits consist of:

- Ambulatory Patient Services
- Emergency Services
- Hospitalization
- Maternity and Newborn Care
- Mental Health and Substance Use Disorder Services
- Prescription Drugs
- Rehabilitation and Habilitative Services and Devices
- Laboratory Services
- Preventative and Wellness Services and Chronic Disease Management
- Pediatric Services, Including Oral and Vision Care.

Medi-Cal will also cover some basic dental services for adults which will be added to the program starting in May 2014.

## Are there additional services for persons under age 21?

If you are under 21, the Child Health and Disability Prevention (CHDP) program provides regular check-ups and needed immunizations to keep you healthy. CHDP services include regular screening for medical, dental, vision, hearing and mental health service needs. If you need help with an appointment or transportation, the CHDP program in your county can help you. Look for the phone number on your county's website, at [www.benefitscal.com](http://www.benefitscal.com) or under county government in your local phone book.

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides extra Medi-Cal services if you are under 21 and have full scope Medi-Cal. EPSDT services correct or improve medical, dental, or mental health needs. You may get the extra services if you and your doctor, health care provider, clinic, county CHDP or county mental health department agree that you need them. You can ask for services as often as you think you need them.

If you have severe emotional problems, contact your county mental health department. Look on your county's website or in the government section of your phone book under the Department of Mental Health. If you cannot reach the county mental health department, call the State Mental Health Ombudsman toll-free at 1-800-896-4042.

If you, your doctor or dentist think that health services, which are not usually covered by Medi-Cal, may be needed, you should talk to:

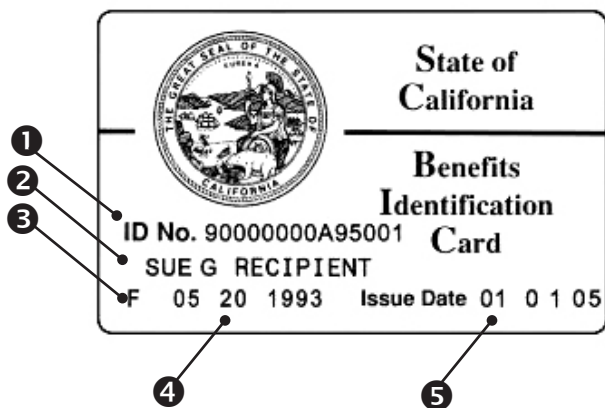
- Your local county CHDP Program
- Your Managed Care Plan
- Your County Mental Health Department

Or ask your doctor or dentist to contact:

- Your local Medi-Cal Field Office, or
- The California Children's Services program

## What is the Medi-Cal identification card?

Medi-Cal mails plastic Benefits Identification Cards (BICs) to all beneficiaries. The 14 numbers and letters on your card identify you. Your health care providers need your BIC to provide services and to bill Medi-Cal. A BIC looks like this:



Actual card size = 3-1/8" x 2-3/8"; white card with blue letters on front, black letters on back.

Beneficiary Information on face of card:

- 1** Your ID Number  
(a 14 character Identification number)
- 2** Your name
- 3** Gender Code (male or female)
- 4** Date of Birth
- 5** Date card was issued to you

If the card you got in the mail has wrong information on it, contact your county social services office.

If you did not receive your BIC or it is lost or stolen, you may ask for a BIC from your county social services office. If your BIC is stolen, you must tell your local police and your county social services office. You should give as much information about the theft as possible. If you are issued a new card, your old card will no longer be valid.

## How does Medi-Cal Managed Care work with my healthcare providers?

The Medi-Cal Managed Care program contracts with a health plan to provide services for you in an organized and coordinated manner. The managed care plan must directly give, or arrange for, all Medi-Cal services to you.

## What should I do if I have questions about my managed health plan?

You will be enrolled in a managed health plan. You will receive information and a new benefits card from your plan in a few weeks. Contact your plan (their number will be on the back of the health plan card) or Health Care Options (HCO) at 1-800-430-4263 for more information about your health plan.

## What if I disagree with decisions about my Medi-Cal eligibility or benefits?

You have the right to ask for a State hearing if you do not agree with a county or State action or inaction about your application for Medi-Cal, changes to your Medi-Cal eligibility, or denial of a health benefit.

Your Notice of Action (NOA), included in this packet tells you about your Medi-Cal eligibility.

If you disagree with a county or State decision, you can talk to your county eligibility worker and/or request a State hearing. You must request the State hearing within 90 days. The 90 days started the day after the Department of Health Care Services sent you this packet.

If you ask for a State hearing before the effective date of the action, you may continue to get the

same Medi-Cal benefits until the hearing decision. Your benefits may stop or be lowered if you cancel your request for a State hearing.

You may ask for a State hearing through the county social services office or the California Department of Social Services. See "Your Hearing Rights" in this packet to learn how to appeal. If you do not have a NOA, you can call or write to:

**California Department of Social Services  
Public Inquiry and Response**

PO Box 944243, M.S. 19-37  
Sacramento, CA 94244-2430  
1-800-952-5253, 1-800-952-8349 TTY/TDD  
or (916) 229-4110 (FAX)

You must go to the State hearing or give written notice for someone to go in your place and represent you.

You or your representative can read the regulations about the Medi-Cal program and most of the facts in your case. Call your county social services office to arrange for this review. Help is available in your language.

At the State hearing, you may bring witnesses that know the facts about your case. You may ask questions of the county representative or any county or State witness.

**Discrimination:** If you believe a decision about your right to get Medi-Cal benefits was unfairly made because of your sex, race, religion, color, national origin, sexual orientation, marital status, age, disability or veteran's status, you may file a written or telephone complaint with:

**Department of Health Care Services  
Office of Civil Rights**  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
(916) 440-7370, (916) 440-7399 TTY/TDD  
or (916) 440-7395 (FAX)

Your complaint of discrimination will be investigated.

## **What are my rights and responsibilities as a Medi-Cal beneficiary?**

You have certain rights and responsibilities as a Medi-Cal beneficiary. You can find the most up to date list of your rights and responsibilities here:

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc%20219.pdf>

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MEB%20Translated%20Forms/MC%20219%20Sp.pdf> (Spanish Version)

## **What is Medi-Cal fraud?**

If you are getting treatment from more than one doctor or dentist, you should tell each doctor/dentist about the other doctor(s)/dentist(s) giving care to you.

It is your responsibility not to improperly use your Medi-Cal benefits. It is a crime to:

- allow others to use your Medi-Cal benefits, and
- get drugs through false statements.

It is a crime for you to sell or lend your BIC to any person or furnish your BIC to anyone other than your provider of services as required under Medi-Cal guidelines.

Misuse of BIC/Medi-Cal benefits is a crime that could result in administrative action or criminal prosecution.

If you suspect someone of misusing Medi-Cal benefits, you may make a confidential report to: 1-800-822-6222 (toll-free).

## **Can Medi-Cal help me if I am out of State?**

Take your BIC or proof of enrollment in a Medi-Cal health care plan with you when you travel outside California. Medi-Cal can help in limited situations; for example, in an emergency due to accident, injury, or severe illness, or when your health would be endangered by postponing treatment until you

return to California. Medi-Cal must first approve any out-of-state in-patient medical services before you get the service. You will be responsible for medical costs for services you got out-of-state if the medical provider is not a Medi-Cal provider or does not wish to become a Medi-Cal provider.

The provider should first verify eligibility by contacting the fiscal intermediary at (916) 636-1960. The provider may get information on coverage, authorization and billing procedures by contacting the following:

**Medical Services**  
**Department of Health Care Services**

Medi-Cal Field Office  
P.O. Box 193704  
San Francisco CA 95670-3704  
(415) 904-9600

**Dental Services**  
**Denti-Cal**

California Medi-Cal Dental Program  
PO Box 15539  
Sacramento, CA 95852-1539  
1-800-423-0507

If you live near the California state line and use doctors or other providers of medical service in the other state, some of these restrictions do not apply. However, medical services in Mexico or Canada are not covered except for emergency hospitalization.

You will not get Medi-Cal if you move out of California. You may apply for Medicaid in the state in which you live.