



2022 Annual Notices Newsletter

OneCare Customer Service

If you have questions or need help, call our Customer Service Department toll-free at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week, or visit our office Monday through Friday, from 8 a.m. to 5:30 p.m. at 505 City Parkway West, Orange, CA 92868.

After-Hours Advice:

- If you need after-hours medical advice, call your PCP's office or the phone number on the back of your health network or medical group card.

Medical Emergency:

- Dial 9-1-1 or go to the nearest emergency room for a true medical emergency.

Get Information in Other Languages or Formats

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

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 Health's Customer Service department
- United States Postal Service at 1-800-275-8777

OneCare Evidence of Coverage, Provider Directory and Formulary

The most current OneCare Evidence of Coverage (EOC), Provider Directory and Formulary are available on our website at www.caloptima.org/OneCare and upon request. To get a copy mailed to you, please call OneCare Customer Service at **1-877-412-2734** (TTY 711), 24 hours a day, 7 days a week. We have staff who speak your language.

Organ or Tissue Donation

When you become an organ or tissue donor, you can help save or improve another person's life. To be an organ or tissue donor, you can:

- Answer the organ or tissue donation question on your Advance Directive form
- Get a donor sticker for your driver's license, or
- Carry a donor card

For more information, visit www.donatelifecalifornia.org, or call toll-free at 1-866-797-2366.

Protecting You and the Health Care System

What Is Health Care Fraud?

Health care fraud is when a provider or person plans to do something dishonest, knowing that it could result in an illegal benefit for them or another person.

These are examples of possible health care fraud:

- Using someone else's CalOptima Health ID card
- Getting a bill for services or medicines covered by CalOptima Health
- Getting unneeded services from your provider
- Getting a bill for services you did not receive
- Getting a bill for supplies (like a wheelchair) that was not ordered by your provider or was not sent to you
- Getting medicines from your provider that you don't need
- Selling medicines to someone else that was prescribed to you

Fraud hurts all of us. If you suspect fraud, please report it by calling CalOptima Health's Compliance and Ethics Hotline at **1-855-507-1805** (TTY 711). You do not have to give your name to report fraud.

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What Is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a set of rules that hospitals, health plans and health care providers have to follow. HIPAA helps staff make sure that all medical records, medical billing and patient accounts meet strict standards. CalOptima Health does not keep your medical records from your doctor. If you would like copies of your medical records, please contact your doctor or primary care provider (PCP) office.

How Does CalOptima Health Keep Protected Health Information Safe?

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

Papers that have your PHI are kept securely locked in the CalOptima Health 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 on an electronic device, CalOptima Health uses a system to scramble your PHI so that only those who are allowed to have your PHI can unlock the scramble so it can be read. For a copy of our Notice of Privacy Practices, visit our website at www.caloptima.org or contact CalOptima Health's Customer Service department.

CalOptima Health Standards of Access to Care — 2022

A brief description of the access standards for CalOptima Health OneCare (HMO SNP) and OneCare Connect Cal MediConnect Plan (Medicaid-Medicare Plan) members:

Access to Emergent/Urgent Medical Care and Telephone Access:

Covered Services	Standards of Care
Emergency services	Immediately, 24 hours a day, 7 days a week
Urgent care services	Within 24 hours of request
Telephone triage and screening services	Telephone triage shall be available 24 hours a day, 7 days a week. Telephone triage or screening waiting time shall not exceed 30 minutes.

Access to Primary Care:

Covered Services	Standards of Care
Urgent appointments that do not require pre-approval (prior authorization)	Within 48 hours of request
Non-urgent (routine) primary care	Within 10 business days of request
Non-urgent (routine) physical exams and wellness visits	Within 30 calendar days of request

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Access to Specialty and Ancillary Care:

Covered Services	Standards of Care
Urgent appointments that do require pre-approval (prior authorization)	Within 96 hours of request
Non-urgent (routine) specialty care	Within 15 business days of request
First prenatal visit	Within 2 weeks of request
Non-urgent (routine) ancillary services	Within 15 business days of request

Access to Behavioral Health Care

Covered Services	Standards of Care
Non-urgent (routine) care with a non-doctor behavioral health provider	Within 10 business days of request
Follow-up (routine) care with a non-doctor behavioral health provider	Within 20 calendar days of initial visit for a specific condition
Follow-up (routine) care with a behavioral health doctor	Within 30 calendar days of initial visit

To see our Standards of Access to Care, please visit www.caloptima.org and select Members, OneCare or OneCare Connect and go to the “Member Documents” webpage, then choose the link for “Other Important Documents.”

OneCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Contact OneCare Customer Service toll-free at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week. We have staff who speak your language. Visit us at www.caloptima.org/OneCare.

Take an Active Role in Your Health

CalOptima Health has an online health assessment to help you see how you can improve your health and quality of life. After you take the digital survey and submit your answers, you will get a low, moderate or high health score. You will also get details on areas for you to work on, as well as resources to help you make healthier choices. This survey is intended for CalOptima Health members ages 18 and older.

To take the health assessment, please visit CalOptima Health’s Member Portal at member.caloptima.org. For more interactive self-management tools click on “Health Tips” on our home page or go to the Health and Wellness section.

We are here to help. Please call us at **1-714-246-8895 (TTY 711)** if you have a question. We will be happy to:

- Mail a print version of the health assessment to you
- Help you fill it out over the phone
- Talk to you about your results

At CalOptima Health, we believe in the importance of providing services in a way that our members can easily understand. We have the health assessment in other languages or in other formats, such as braille or large print.

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Please call CalOptima Health Customer Service at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY 711), Monday through Friday from 8 a.m. to 5:30 p.m. We have staff who speak your language. Visit us at www.caloptima.org.

Sign Up Today for Our Member Portal

Your Online Access to CalOptima Health

CalOptima Health's member portal is a secure online website that gives you 24-hour access to your health information.

You can access CalOptima Health's new member portal on a computer, tablet or smart phone device.

Take an active role in your health care. Register at <https://member.caloptima.org> today.

To make changes online go to the member portal at www.caloptima.org.

The new self-service options make it easier and faster for you to:

- Update your personal information
- Request a new ID card
- Print a copy of your ID card
- Change your health network or primary care provider (PCP)
- Ask CalOptima Health Customer Service a question
- Complete your annual Health Assessment Survey

Call The Nurse Advice Phone Line to Get Health Advice

If you need health advice, first call your doctor or your health network. We want you to be able to get answers to your health questions when you or your loved ones are sick, not feeling good or injured. If you cannot reach your doctor, you can talk to a nurse by phone.

Call the CalOptima Health Nurse Advice Phone Line toll-free at **1-844-447-8441** (TTY **1-844-514-3774**) to help you. The Nurse Advice Phone Line is open 24 hours a day, 7 days a week at no cost to CalOptima Health members. We have staff that speak your language.

If you think you are having a medical or psychiatric emergency, call **9-1-1** or go to the nearest hospital.

The Nurse Advice Phone Line is only for health advice. It does not have access to your medical records, referrals or prior authorizations. You should call your doctor or health network for that information.

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The nurse can help you get the facts you need to decide your next steps, like:

- Figure out your symptoms and what you can do
- Give you facts about non-urgent and urgent care
- Provide advice on self-care at home
- Refer you to an authorized network urgent care center or hospital
- Explain your condition or your diagnosis
- Help you know facts about your medication
- Provide interpreter services by phone

Notice of Privacy Practices

CalOptima Health offers you access to health care through the Medicare or Medi-Cal program. We are required by state and federal law to protect your health information. After you become eligible and enroll in our health plan, Medicare or Medi-Cal sends your information to us. We also get medical information from your doctors, clinics, labs and hospitals to approve and pay for your health care.

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

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

<p>Get a copy of your health and claims records</p>	<ul style="list-style-type: none">▪ You can ask to see or get a copy of your health and claims records and other health information we have about you. You must make this request in writing. You will be sent a form to fill out and we may charge a fair fee for the costs of copying and mailing records. You must provide a valid form of ID to view or get a copy of your health records.▪ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.▪ We may keep you from seeing certain parts of your records for reasons allowed by law.▪ CalOptima Health does not have complete copies of your medical records. If you want to look at, get a copy of or change your medical records, please contact your doctor or clinic.
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<p>Ask us to correct health and claims records</p>	<ul style="list-style-type: none"> ▪ You have the right to send a written request to ask that information in your records be changed if it is not correct or complete. You must make your request in writing. ▪ We may refuse your request if the information is not created or kept by CalOptima Health, or we believe it is correct and complete but we will tell you why in writing within 60 days. ▪ If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> ▪ You can ask us to contact you by your preferred method of contact (for example, home or work phone) or to send mail to a different address. ▪ We will consider all fair requests. We must say "yes" if you tell us you would be in danger if we do not.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> ▪ 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.
<p>Get a list of those with whom we shared information</p>	<ul style="list-style-type: none"> ▪ You can ask for a list of the times we shared your health information during the past 6 years before the date you ask. ▪ You have the right to request a list of what information was shared, who it was shared with, when it was shared 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).
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> ▪ You can ask for a paper copy of this notice at any time, even if you have agreed to accept the notice electronically. We will offer you a paper copy in good time. ▪ You can also find this notice on our website at www.caloptima.org.

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<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> ▪ If you have given someone medical power of attorney or if someone is your legal guardian, that person can use 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.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> ▪ If you feel we have violated your rights, you can complain by contacting us using the information in this notice. ▪ We will not retaliate against you for filing a complaint.
<p>Use a self-pay restriction</p>	<ul style="list-style-type: none"> ▪ If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us. If you or your provider submits a claim to CalOptima Health, we do not have to agree to a restriction. If a law requires the disclosure, CalOptima Health does not have to agree to your restriction.

For certain health information, you can tell us your choices about what we share.

If you have a preference for how we share your information in the situations below, please contact us. In most cases, if we use or share your Protected Health Information (PHI) outside of treatment, payment or operations, we must get your written permission first. If you give us your permission, you may take it back in writing at any time. We can't take back what we used or shared when we had your written permission, but we will stop using or sharing your PHI in the future.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> ▪ Share information with your family, close friends or others involved in payment for your care ▪ Share information in a disaster relief situation
<p>In these cases we <i>never</i> share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> ▪ <u>Psychotherapy Notes</u>: We must obtain your authorization for any use or disclosure of psychotherapy, notes, except to carry out certain treatment, payment or health care operations. ▪ Marketing purposes ▪ Sale of your information

Our Uses and Disclosures

Your information may be used or shared by CalOptima Health only for treatment, payment and health care operations related with the Medicare or Medi-Cal program in which you are enrolled. We may use and share your information in health information exchanges with providers involved in the care you receive. The information we use and share includes, but is not limited to:

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- Your name
- Address
- History of care and treatment given to you
- Cost or payment for care

Some examples of how we share your information with those involved with your care:

<p>Help manage the health care treatment you receive</p>	<ul style="list-style-type: none"> ▪ We can use your health information and share it with professionals who are treating you 	<p><i>Example:</i> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services. We will share information with doctors, hospitals and others in order to get you the care you need.</p>
<p>Run our organization (health care operations)</p>	<ul style="list-style-type: none"> ▪ We can use and share 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. 	<p><i>Example:</i> We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.</p>
<p>Pay for your health services</p>	<ul style="list-style-type: none"> ▪ We can use and share your health information as we pay for your health services. 	<p><i>Example:</i> We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.</p>
<p>Administer your plan</p>	<ul style="list-style-type: none"> ▪ We may share your health information with the Department of Health Care Services (DHCS) or the Centers for Medicare & Medicaid Services (CMS) for plan administration. 	<p><i>Example:</i> DHCS contracts with us to provide a health plan, and we provide DHCS with certain statistics.</p>

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 promote 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.

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<p>Help with public health and safety issues</p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> ▪ Preventing disease ▪ Helping with product recalls ▪ Reporting adverse reactions to medicines ▪ Reporting suspected abuse, neglect or domestic violence ▪ Preventing or reducing a serious threat to anyone’s health or safety
<p>Comply with the law</p>	<ul style="list-style-type: none"> ▪ 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 are complying with federal privacy law.
<p>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</p>	<ul style="list-style-type: none"> ▪ We can share health information about you with organ procurement organizations. ▪ We can share health information with a coroner, medical examiner or funeral director when an individual dies.
<p>Address workers’ compensation, law enforcement and other government requests</p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> ▪ For workers’ compensation claims ▪ For law enforcement purposes or with a law enforcement official ▪ With health oversight agencies for activities authorized by law ▪ For special government functions, such as military, national security and presidential protective services
<p>Respond to lawsuits and legal actions</p>	<ul style="list-style-type: none"> ▪ We can share health information about you in response to a court or administrative order, or in response to a subpoena.
<p>Comply with special laws</p>	<ul style="list-style-type: none"> ▪ 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 these laws when they are stricter than this notice. ▪ There are also laws that limit our use and disclosure to reasons directly connected to the administration of CalOptima Health’s programs.

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Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- 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.

Changes to the Terms of This Notice

CalOptima Health reserves the right to change its privacy notice and the ways we keep your PHI safe. If that happens, we will update the notice and notify you. We will also post the updated notice on our website.

How to Contact Us to Use Your Rights

If you want to use any of the privacy rights explained in this notice, please write us at:

Privacy Officer
CalOptima Health
505 City Parkway West
Orange, CA 92868
1-888-587-8088 (TTY 711)

Or call CalOptima Health's Customer Service department at: **1-714-246-8500**

Toll-free: **1-888-587-8088 (TTY 711)**

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call CalOptima Health at the address and phone number above. You may also contact the agencies below:

California Department of Health Care Services
Privacy Officer
C/O: Office of HIPAA Compliance
Department of Health Care Services
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413
Email: privacyofficer@dhcs.ca.gov
Phone: 1-916-445-4646
Fax: 1-916-440-7680

U.S. Dept. of Health and Human Services
Office for Civil Rights
Regional Manager
90 Seventh St., Suite 4-100
San Francisco, CA 94103
Email: OCRComplaint@hhs.gov
Phone: 1-800-368-1019
Fax: 1-415-437-8329
TDD: 1-800-537-7697

Use Your Rights Without Fear

CalOptima cannot take away your health care benefits nor do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this notice.

This notice applies to all of CalOptima Health's health care programs.

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NOTICE OF NONDISCRIMINATION

Discrimination is against the law. OneCare (HMO SNP) follows State and Federal civil rights laws. OneCare does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

OneCare provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact OneCare, 24 hours a day, 7 days a week, by calling **1-877-412-2734**. If you cannot hear or speak well, please call TTY at **711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

OneCare
505 City Parkway West
Orange, CA 92868
1-877-412-2734 (TTY 711)

HOW TO FILE A GRIEVANCE

If you believe that OneCare has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with OneCare Grievance & Appeals Resolution Services. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact OneCare, 24 hours a day, 7 days a week, by calling **1-877-412-2734**. Or, if you cannot hear or speak well, please call TTY at **711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
CalOptima Health Grievance and Appeals
505 City Parkway West
Orange, CA 92868
- **In person:** Visit your doctor's office or OneCare and say you want to file a grievance.
- **Electronically:** Visit CalOptima Health's website at **www.caloptima.org/OneCare**.

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OFFICE OF CIVIL RIGHTS - CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-916-440-7370**. If you cannot speak or hear well, please call **711** (Telecommunications Relay Service).
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
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OFFICE OF CIVIL RIGHTS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY **1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
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OneCare (HMO SNP) is a Medicare Advantage organization with a Medicare Contract. Enrollment in OneCare depends on contract renewal. Contact OneCare Customer Service toll-free at **1-877-412-2734 (TTY 711)**, 24 hours a day, 7 days a week.

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TAGLINES

English Tagline

ATTENTION: If you need help in your language call **1-877-412-2734 (TTY 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-877-412-2734 (TTY 711)**. These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-877-412-2734 (TTY 711)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير اتصل بـ **1-877-412-2734 (TTY 711)**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-877-412-2734 (TTY 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-877-412-2734 (TTY 711)**: Այդ ծառայություններն անվճար են:

ប្រាសាទកម្ពុជា (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-877-412-2734 (TTY 711)** ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាជំនួយសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬជំនួយសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-877-412-2734 (TTY 711)** ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意:如果您需要以您的母语提供帮助,请致电 **1-877-412-2734 (TTY 711)**。另外还提供针对残疾人士的帮助和服务,例如文盲和需要较大字体阅读,也是方便取用的。请致电 **1-877-412-2734 (TTY 711)**。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می خواهيد به زبان خود کمک دريافت كنيد، با **1-877-412-2734 (TTY 711)** تماس بگيريد. كمكها و خدمات مخصوص افراد داراي معلوليت، مانند نسخه های خط بريل و چاپ با حروف بزرگ، نیز موجود است. با **1-877-412-2734 (TTY 711)** تماس بگيريد. اين خدمات رایگان ارائه می شوند.

हिंदी टैगलाइनी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-877-412-2734 (TTY 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-877-412-2734 (TTY 711)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-877-412-2734 (TTY 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-877-412-2734 (TTY 711)**. Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-877-412-2734 (TTY 711)** へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-877-412-2734 (TTY 711)** へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-877-412-2734 (TTY 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-877-412-2734 (TTY 711)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

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ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-877-412-2734 (TTY 711)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-877-412-2734 (TTY 711)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-877-412-2734 (TTY 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-412-2734 (TTY 711)**. ਅਪਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ **1-877-412-2734 (TTY 711)** ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ |

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-877-412-2734 (линия 711)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-877-412-2734 (телетайп 711)**. Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-877-412-2734 (TTY 711)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-877-412-2734 (TTY 711)**. Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-877-412-2734 (TTY 711)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-877-412-2734 (TTY 711)**. Libre ang mga serbisyonang ito.

ແທ້ກໄລພາສາໄທ (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734 (TTY 711)** นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734 (TTY 711)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-877-412-2734 (TTY 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-877-412-2734 (TTY 711)**. Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-877-412-2734 (TTY 711)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-877-412-2734 (TTY 711)**. Các dịch vụ này đều miễn phí.



CalOptima Health, A Public Agency

P.O. Box 11063
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Health Management Programs

CalOptima Health offers health management services at NO COST to our OneCare members. We add eligible members to selected programs based on their health records or a doctor referral. Eligible members can also choose to sign up. When enrolled into a program, members may receive information in the mail from CalOptima Health or get a call from one of our staff. We are here to help you improve your health.

If you no longer want to be part of a health management program and prefer to stop* getting mailings or calls about your condition, please call us at **1-714-246-8895 (TTY 711)**. We are here to help you Monday through Friday from 8 a.m. to 5:30 p.m. We look forward to helping you improve your health!

Program Name	
Adult Asthma Health Program	Diabetes Health Program
Congestive Heart Failure Health Program	Bright Steps Maternity Health Program

** The request to stop getting information from us, will only apply to Health Management mailings. You will still get materials that CalOptima Health is required to mail you.*