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Organ and Tissue Donation

Donating organs and tissue provides many societal benefits. Organ and tissue donation allows recipients of transplants to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak with your CalOptima Health PACE PCP. Organ donation begins at the hospital when a patient is pronounced brain dead and identified as a potential organ donor. An organ procurement organization helps coordinate the donation.

Bill of Rights

Your Rights and Responsibilities

At CalOptima Health PACE, we are dedicated to providing you with quality health care services so you may remain as independent as possible. Our staff is committed to treating each and every participant with dignity and respect and ensuring that all participants are involved in planning for their care and treatment.

As a CalOptima Health PACE participant, you have the following rights:

You have the right to be treated with respect.

You have the right to be treated with dignity and respect at all times, have all of your care kept private, and receive compassionate, considerate care. You have the right to:

- Receive your health care in an accessible manner and in a safe, clean environment.
- Be free from harm. Harm includes physical or mental abuse, neglect, excessive medications, physical punishment or being placed by yourself against your will, as well as any physical or chemical restraint used on you for discipline or convenience of staff that you do not need to treat your medical symptoms or prevent injury.
- Be free from hazardous procedures.

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- Receive treatment and rehabilitation services designed to promote your functional ability to the optimal level and to encourage your independence
- Receive care from professionally trained staff that has the education and experience to carry out the services for which they are responsible.
- Participate in a program of services and activities that promote positive attitudes on usefulness and capabilities and are designed to encourage learning, growth and awareness of constructive ways to develop your interests and talents.
- Self-determination within the day care setting, including the opportunity to: 1) Participate in developing a plan for services; 2) Decide whether or not to participate in any given activity; 3) Be involved to the extent possible in program planning and operation.
- To be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.
- Be ensured of auditory and visual privacy during all health care examinations and treatment visits.
- Receive assistance, if you need it, to use the Medicare and Medi-Cal complaint and appeal processes, and your civil and other legal rights.
- Be encouraged and helped in talking to CalOptima Health PACE staff about voicing your complaints and recommending changes in policies and services to CalOptima Health PACE staff and to outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by our staff if you do so.
- Use a telephone while at the CalOptima Health PACE Center, make and receive confidential calls and/or have such calls made, if necessary.
- Not have to do work or services for CalOptima Health PACE.

You have a right to protection against discrimination

Discrimination is against the law. Every company or agency that works with Medicare and Medi-Cal must obey the law. They cannot discriminate against you because of your:

- Race
- Ethnic origin
- National origin
- Religion
- Age
- Sex
- Sexual orientation
- Mental or physical disability
- Source of payment for your health care (for example, Medicare or Medi-Cal)

As a participant of CalOptima Health PACE, you have the right to receive competent, considerate, respectful care from staff and contractors without regard to race, national/ethnic origin, religion, age, sex, sexual orientation, mental or physical disability, or source of payment for your health care.

If you think you have been discriminated against for any of these reasons, contact a staff member at CalOptima Health PACE to help you resolve your concerns.

If you have any questions, you can call the Office for Civil Rights toll-free at 1-800-368-1019. TTY users should call 1-800-537-7697.

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You have a right to information and assistance

You have the right to receive accurate, easy to understand information and to have someone help you make informed health care decisions. You have the right to:

- Have someone help you if you have a language or communication barrier in order that you can understand all information provided you.
- Have someone interpret all information given to you into your preferred language in a culturally competent manner, if your first language is not English and you cannot speak English well enough to understand the information being given to you.
- Have the Enrollment Agreement discussed fully and explained to you in a manner you understand.
- Receive marketing materials and CalOptima Health PACE Rights in English and any other frequently used language in your community. You can also receive these materials in Braille, if necessary.
- Receive a written copy of your rights from CalOptima Health PACE. CalOptima Health PACE will post these rights in a public place in the CalOptima Health PACE Center where it is easy to read them.
- Be fully informed, in writing, of the services offered by CalOptima Health PACE. This includes telling you which services are provided by contractors instead of the CalOptima Health PACE staff. You will be given this information before you join CalOptima Health PACE, at the time you join and when there is a change in services.
- Review, with assistance if needed, the results of the most recent review of CalOptima Health PACE. Federal and State agencies review all PACE programs. You also have a right to review how CalOptima Health PACE plans to correct any problems that are found at inspection.

You have a right to a choice of providers.

- You have the right to choose a health care provider within the CalOptima Health PACE network and to receive quality health care.
- Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have a right to access emergency services.

You have the right to receive emergency services when and where you need them without CalOptima Health PACE approval. A medical emergency is when you think your health is in serious danger – when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States.

You have a right to participate in treatment decisions.

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right to:

- Have all treatment options explained to you in a language you understand, be fully informed of your health and functional status and how well you are doing and make health care decisions.

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- Be informed of all treatment prescribed by the interdisciplinary team prior to being treated, when and how services will be provided, and the names and functions of people providing your care.
- Refuse treatment or medications. If you choose not to receive treatment, you must be told how this will affect your health.
- Be assured that decisions regarding your care will be made in an ethical manner.
- Be assured that you and your family will be educated about an illness affecting you so that you can help yourself, and your family can understand your illness and help you.
- Receive information on advance directives and have CalOptima Health PACE help you create an advance directive. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself.
- Participate in making and carrying out your plan of care, which will be designed to promote your functional ability to the highest level and encourage your independence. You can ask for your plan of care to be reviewed at any time. You also can request a reassessment by the interdisciplinary team at any time.
- Appeal any treatment decision made by CalOptima Health PACE or our contractors through our appeals process and request a State hearing.
- Be given advance notice, in writing, of any plan to move you to another treatment setting, and the reason you are being moved.

You have a right to have your health information kept private.

You have the right to:

- Talk with health care providers in private and have your personal health care information kept private as protected under state and federal laws.
- Review and receive copies of your medical records and request amendments to those records.
- Be assured that all information contained in your health record will be held in confidence, including information contained in any automated data bank. CalOptima Health PACE will require your written consent for the release of information to persons not otherwise authorized under law to receive it. You may provide written consent, which limits the degree of information and the persons to whom information may be given.
- Be assured of confidentiality when accessing Sensitive Services such as Sexually Transmitted Disease (STD) and HIV testing.
- There is a new participant privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, you may call the Office for Civil Rights toll-free at **1-800-368-1019**. TTY users should call **1-800-537-7697**.

You have a right to file a complaint.

You have a right to complain about the services you receive, or that you need and do not receive, about the quality of care, or any other concerns or problems you have with CalOptima Health PACE. You have the right to a fair and timely process for resolving concerns with CalOptima Health PACE. You have the right to:

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- A full explanation of the complaint and appeals process.
- Assistance to exercise civil, legal and participant rights, including the CalOptima Health PACE grievance process, the Medi-Cal State hearing process and the Medicare and Medi-Cal appeals processes.
- Be encouraged and helped to freely explain your complaints to CalOptima Health PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened or discriminated against.
- Appeal any treatment decision by CalOptima Health PACE, staff or contractors.

You have a right to leave the program.

If for any reason you do not feel that CalOptima Health PACE is what you want, you have the right to leave the program at any time.

If you feel any of your rights have been violated, please report them immediately to your social worker or call our office Monday through Friday from 8 a.m. to 4:30 p.m.:

1-714-468-1100 or toll-Free **1-855-785-2584**

If you want to talk with someone outside of CalOptima Health PACE about your concerns, you may call:

1-800-MEDICARE (1-800-633-4227), or **1-888-452-8609** (Department of Health Care Services Office of the Ombudsman).

Information For Participants About The Grievance Process

All of us at CalOptima Health Program of All-Inclusive Care for the Elderly (PACE) share responsibility for your care and your satisfaction with the services you receive. Our grievance procedures are designed to enable you and/or your representative to express any concerns or dissatisfaction you have so that we can address them in a timely and efficient manner. At any time, should you wish to file a grievance, we are available to assist you. If you do not speak English, a bilingual staff member or translation services will be available to assist you with the process.

You will not be discriminated against because a grievance has been filed. CalOptima Health PACE will continue to provide you with all the required services during the grievance process. The confidentiality of your grievance will be maintained throughout the grievance process and information pertaining to your grievance will only be released to authorized individuals.

A **grievance** is defined as a complaint, either written or oral, expressing dissatisfaction with the services provided or the quality of participant care. A grievance may include, but is not limited to:

- The quality of services a PACE participant receives in the home, at the PACE Center or in an inpatient stay (hospital, rehabilitative facility, skilled nursing facility, intermediate care facility or residential care facility);
- Waiting times on the phone, in the waiting room or exam room;
- Behavior of any of the care providers or program staff;

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- Adequacy of center facilities;
- Quality of the food provided;
- Transportation services; and
- A violation of a participant's rights
- full explanation of the complaint and appeals process.

A **representative** is the person who is acting on your behalf or assisting you, and may include, but is not limited to, a family member, a friend, a PACE employee or a person legally identified as Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.

Filing Grievances

If you are not satisfied with the outcome of your grievance, you have other grievance options.

The information below describes the grievance process for you and/or your representative to follow should you and/or your representative wish to file a grievance.

1. You can verbally discuss your grievance either in person or by phone with the PACE Program staff of the center you attend. The staff person will make sure that you are provided with written information on the grievance process and that your grievance is documented on the Grievance Report form. You will need to provide complete information of your grievance so the appropriate staff person can help to resolve your grievance in a timely and efficient manner. If you wish to submit your grievance in writing, please send your written grievance to:

Quality Assurance Coordinator
CalOptima Health PACE
13300 Garden Grove Blvd
Garden Grove, CA 92843

You may also contact our Quality Improvement Coordinator at **1-714-468-1100** or toll-free at **1-855-785-2584** to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired call TTY at **1-714-468-1063**. Our Quality Improvement Coordinator will provide you written information on the grievance process. You may also visit www.caloptima.org to find information about the grievance process.

2. The staff person who receives your grievance will help you document your grievance (if your grievance is not already documented) and coordinate investigation and action. ALL information related to your grievance will be held in strict confidence and will not be disclosed to program staff or contract providers, except where appropriate to process the grievance. No reference that you have elected to file a grievance with CalOptima Health PACE will appear in your medical record.
3. You will be sent a written acknowledgement of receipt of your grievance within five (5) calendar days. Where necessary, the Quality Improvement Coordinator will acknowledge your grievance by phone and will clarify information provided on the Grievance Report Form or will obtain and document additional facts related to your grievance. Investigation of your grievance will begin immediately to find solutions and take appropriate action.

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4. The CalOptima Health PACE staff will make every attempt to resolve your grievance within thirty (30) calendar days of receipt of your grievance. If the grievance has been resolved, the PACE Quality Improvement Department will send written notification of the resolution of the grievance to the participant and/or his/her representative within 30 calendar days of the grievance being filed. If you are not satisfied with that resolution, you and/or your representative have the right to pursue further action.
5. In the event resolution is not reached within thirty (30) calendar days, you and/or your representative will be notified in writing of the status and estimated completion date of the grievance resolution.

Expedited Review of Grievances

If you feel your grievance involves a serious or imminent threat to your health, including, but not limited to, potential loss of life, limb or major bodily function, severe pain, or violation of your participant rights, the Quality Improvement Coordinator will expedite the review process to a decision within 72 hours of receiving your verbal and/or written grievance and request for expedition. In this case, you will be immediately informed by phone of:

- a. The receipt of your request for expedited review, and
- b. Your right to notify the Department of Social Services of your grievance through the State hearing process.

Resolution of Grievances

Upon CalOptima Health PACE completion of the investigation and reaching a final resolution of your grievance, you will receive written notification that will provide you with a report describing the reason for your grievance, a summary of actions taken to resolve your grievance, and options to pursue if you are not satisfied with the resolution of your grievance.

Grievance Review Options

If, after completing the grievance process, or participating in the process for at least thirty (30) calendar days, you and/or your representative are still dissatisfied with the resolution of your grievance, you may pursue the options described below. Note: If you feel that waiting thirty (30) calendar days represents a serious health threat, you and/or your representative need not complete the entire grievance process nor wait thirty (30) calendar days to pursue the options described below.

1. If you are covered by **Medi-Cal** only or by **Medi-Cal** and **Medicare**, you are entitled to pursue your grievance with the Department of Health Care Services, by contacting or writing to:
2. State Hearing Process: At any time during the grievance process, per California State law, you may also request a State hearing from the California Department of Social Services by contacting or writing to:

Ombudsman Unit Medi-Cal Managed Care
Division Department of Health Care Services
P.O. Box 997413, Mail Station 4412
Sacramento, CA 95899-7413
Telephone: **1-888-452-8609**
TTY: **1-800-735-2922**

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 21-37
Sacramento, CA 94244-2430
Telephone: **1-800-743-8525**
Facsimile: **1-833-281-0905**
TTY: **1-800-952-8349**

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If you want a State Hearing, you must ask for it within **ninety (90)** days from the date of receiving the letter for resolved grievance. You and/or your representative may speak at the State hearing or have someone else speak on your behalf such as someone you know, including a relative, friend, or an attorney. You may also be able to get free legal help. Attached is a list of Legal Services offices in Orange County, if you would like legal services assistance.

3. CalOptima Health PACE Internal Procedures: CalOptima Health PACE will assure that every grievance is handled in a uniform manner and that there is communication among the different individuals who are responsible for reviewing or resolving grievances. In addition, CalOptima Health PACE will maintain appropriate documentation, so the information can be utilized in CalOptima Health PACE Quality Assurance Program. This process ensures that all participant concerns are addressed and resolved.

Information for Participants about the Appeals Process

All of us at CalOptima Health Program of All-Inclusive Care for the Elderly (PACE) share responsibility for your care and your satisfaction with the services you receive. Our appeals process is designed to enable you and/or your representative the opportunity to respond to a decision made by the Interdisciplinary Team regarding your request for a service or payment of a service. At any time, you wish to file an appeal, we are available to assist you. If you do not speak English, a bilingual staff member or translation services will be available to assist you.

You will not be discriminated against because an appeal has been filed. CalOptima Health PACE will continue to provide you with all the required services during the appeals process. The confidentiality of your appeal will be maintained at all times throughout and after the appeals process and information pertaining to your appeal will only be released to authorized individuals

When CalOptima Health PACE decides not to cover or pay for a service you want, you may take action to change our decision. The action you take — whether verbally or in writing — is called an “**appeal.**” You have the right to appeal any decision about our failure to approve, furnish, arrange for or continue what you believe are covered services or to pay for services that you believe we are required to pay.

You will receive written information on the appeals process at enrollment (see your Member Enrollment Agreement Terms and Conditions) and annually after that. You will also receive this information and necessary appeals forms whenever CalOptima Health PACE denies, defers or modifies a request for a service or request for payment.

Definitions:

An **appeal** is defined as a participant’s action taken with respect to the PACE organization’s noncoverage of, or nonpayment for, a service, including denials, reductions or termination of services.

A **representative** is the person who is acting on your behalf or assisting you, and may include, but is not limited to, a family member, a friend, a PACE employee or a person legally identified as Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.

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Standard and Expedited Appeals Processes: There are two types of appeals processes: standard and expedited. Both of these processes are described below.

If you request a **standard appeal**, your appeal must be filed within one-hundred-and eighty (180) calendar days of when your request for service or payment of service was denied, deferred or modified. This is the date which appears on the Notice of Action for Service or Payment Request. (The 180-day limit may be extended for good cause.) We will respond to your appeal as quickly as your health requires, but no later than thirty (30) calendar days after we receive your appeal.

If you believe that your life, health or ability to get well is in danger without the service you want, you or any treating physician may ask for an **expedited appeal**. If the treating physician asks for an expedited appeal for you, or supports you in asking for one, we will automatically make a decision on your appeal as promptly as your health requires, but no later than seventy-two (72) hours after we receive your request for an appeal. We may extend this time frame up to fourteen (14) days if you ask for the extension or if we justify to the Department of Health Care Services the need for more information and how the delay benefits you.

If you ask for an **expedited appeal** without support from a treating doctor, we will decide if your health condition requires us to make a decision on an expedited basis. If we decide to deny you an **expedited appeal**, we will let you know within seventy two (72) hours. If this happens, your appeal will be considered a standard appeal.

Note: For CalOptima Health PACE participants enrolled in Medi-Cal — CalOptima Health PACE will continue to provide the disputed service(s) if you choose to continue receiving the service(s) until the appeals process is completed. If our initial decision to NOT cover or reduce services is upheld, you may be financially responsible for the payment of disputed service(s) provided during the appeals process.

The information below describes the appeals process for you or your representative to follow should you or your representative wish to file an appeal:

1. If you or your representative has requested a service or payment for a service and CalOptima Health PACE denies, defers or modifies the request, you may appeal the decision. A written “Notice of Action of Service or Payment Request” (NOA) will be provided to you and/or your representative which will explain the reason for the denial, deferral or modification of your service request or request for payment.
2. You can make your appeal either verbally (in person or by phone) or in writing; ask any of the PACE Program staff of the center you attend to help you start the process. CalOptima Health PACE will make sure that you are provided with written information on the appeals process, and that your appeal is documented on the appropriate form. You will need to provide complete information of your appeal so the appropriate staff person can help to resolve your appeal in a timely and efficient manner. You or your representative may present or submit relevant facts and/or evidence for review. To submit relevant facts and/or evidence in writing, please send to the address listed below. Otherwise you or your representative may submit this information in person. If more information is needed, you will be contacted by the Quality Improvement Department who will assist you in obtaining the missing information.

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3. If you wish to make your appeal by phone, you may contact our Quality Improvement Department at **1-714-468-1100** or toll-free at **1-855-785-2584** to request an appeal form and/or to receive assistance in filing an appeal. For the hearing impaired, please call TTY at **1-714-468-1082**.
4. If you wish to submit your appeal in writing, please ask a staff person for an appeal form. Please send your written appeal to:
Quality Assurance Department
CalOptima Health PACE
13300 Garden Grove Blvd
Garden Grove, CA 92843
5. You will be sent a written acknowledgement of receipt of your appeal within five (5) working days for a **standard** appeal. For an **expedited** appeal, we will notify you or your representative within one (1) business day by phone or in person that the request for an expedited appeal has been received.
6. The reconsideration of CalOptima Health PACE decision will be made by a person(s) not involved in the initial decision-making process in consultation with the Interdisciplinary Team. We will ensure that this person(s) is both impartial and appropriately credentialed to make a decision regarding the necessity of the services you requested.
7. Upon CalOptima Health PACE completion of the review of your appeal, you or your representative will be notified in writing of the decision on your appeal. As necessary and depending on the outcome of the decision, CalOptima Health PACE will inform you and/or your representative of other appeal rights you may have if the decision is not in your favor. Please refer to the information described below:

Due Process Requirements:

Constitutional due process means your benefits may not be reduced or terminated without timely and adequate notice. Adequate notice must explain the reasons for the proposed action and allow a participant a chance for a hearing. CalOptima Health PACE participants with a visual impairment or other disabilities require the delivery of written materials in alternative formats. The Department of Health Care Services determined that notice in your selected alternative format or notice that is in compliance with the ADA, Section 504 of the Rehabilitation Act of 1973 and Government Code Section 11135 is considered adequate notice. CalOptima Health PACE may not deny, reduce, suspend or terminate services or treatments without offering adequate notice within proper legal timeframes. CalOptima Health PACE must assess the benefit deadline for participants who need the delivery of written materials in alternative formats, to take action from the adequate notice date, including all deadlines for appeals and aid paid pending. CalOptima Health PACE participants must exhaust the internal appeal process and get notice that an adverse benefit determination has been upheld, before going on to a state hearing. However, if CalOptima Health PACE fails to offer adequate notice to a participant with a visual impairment or other disability who needs the delivery of written materials in an alternative format, within the related federal or state timeframes, the CalOptima Health PACE participant is deemed to have exhausted the CalOptima Health PACE internal appeal process and may request a state hearing. CalOptima Health PACE is prohibited from requesting dismissal of a state hearing based on failure to exhaust the CalOptima Health PACE internal appeal process in such cases.

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The Decision on your Appeal:

If we decide fully in your favor on a **standard appeal** for a request for **service**, we are required to provide or arrange for services as quickly as your health condition requires, but no later than thirty (30) calendar days from when we received your request for an appeal. If we decide in your favor on a request for payment, we are required to make the requested **payment** within sixty (60) calendar days after receiving your request for an appeal.

If we **do not** decide fully in your favor on a **standard appeal** or if we fail to provide you with a decision within thirty (30) calendar days, you have the right to pursue an external appeal through either the Medicare or Medi-Cal program (see **Additional Appeal Rights**, below). We also are required to notify you as soon as we make a decision and also to notify the federal Center for Medicare and Medicaid Services and the Department of Health Care Services. We will inform you in writing of your external appeal rights under Medicare or Medi-Cal managed care, or both. We will help you choose which external program to pursue if both are applicable. We also will send your appeal to the appropriate external program for review.

If we decide fully in your favor on an **expedited appeal** we are required to get the service or give you the service as quickly as your health condition requires, but no later than seventy-two (72) hours after we received your request for an appeal.

If we **do not** decide in your favor on an **expedited appeal** or fail to notify you within seventy-two (72) hours, you have the right to pursue an external appeal process under either Medicare or Medicaid (see **Additional Appeal Rights** below). We are required to notify you as soon as we make a decision and also to notify the Center for Medicare and Medicaid Services and the Department of Health Care Services. We let you know in writing of your **external appeal** rights under the Medicare or Medi-Cal program, or both. We will help you choose which to pursue if both are applicable. We also will send your appeal to the appropriate external program for review.

Additional Appeal Rights under Medi-Cal and Medicare

If we do not decide in your favor on your appeal or fail to provide you a decision within the required timeframe, you have additional appeal rights. Your request to file an external appeal can be made either verbally or in writing. The next level of appeal involves a new and impartial review of your appeal request through either the Medicare or Medi-Cal program.

The **Medicare program** contracts with an “Independent Review Organization” to provide external review on appeals involving PACE programs. This review organization is completely independent of our PACE organization.

The **Medi-Cal program** conducts their next level of appeal through the State hearing process. If you are enrolled in Medi-Cal, you can appeal if CalOptima Health PACE wants to reduce or stop a service you are receiving. Until you receive a final decision, you may choose to continue to receive the disputed service(s). However, you may have to pay for the service(s) if the decision is not in your favor.

If you are enrolled in **both Medicare and Medi-Cal OR Medi-Cal only**, we will help you choose which external appeal process you should follow. We also will send your appeal on to the appropriate external program for review.

If you are not sure which program you are enrolled in, ask us. The Medicare and Medi-Cal external appeal options are described below.

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Medi-Cal External Appeals Process

If you are enrolled in **both Medicare and Medi-Cal OR Medi-Cal only**, and choose to appeal our decision using Medi-Cal's external appeals process, we will send your appeal to the California Department of Social Services. At any time during the appeals process, you may request a State hearing through:

California Department of Social Services State Hearings Division
P.O. Box 944243, Mail Station 21-37, Sacramento, CA 94244-2430
Telephone: (800) 743-8525
Facsimile: (833) 281-0905
TTY: (800) 952-8349

If you choose to request a State hearing, you must ask for it within ninety (90) days from the date of receiving the *Notice of Action (NOA) for Service or Payment Request* from CalOptima Health PACE.

You may speak at the State hearing or have someone else speak on your behalf such as someone you know, including a relative, friend or an attorney. You may also be able to get free legal help. Attached is a list of Legal Services offices in Orange County if you would like legal services assistance.

If the Administrative Law Judge's (ALJ) decision is in your favor of your appeal, CalOptima Health PACE will follow the judge's instruction as to the timeframe for providing you with services you requested or payment for services for a standard or expedited appeal.

If the ALJ's decision is **not** in your favor of your appeal, for either a standard or an expedited appeal, there are further levels of appeals, and we will assist you in pursuing your appeal.

Medicare External Appeals Process

If you are enrolled in **both Medicare and Medi-Cal OR Medicare only**, and choose to appeal our decision using Medicare's external appeals process, we will send your appeal file to the current contracted Medicare appeals entity to impartially review the appeal. The contracted Medicare appeals entity will contact us with the results of their review. The contracted Medicare appeals entity will either maintain our original decision or change our decision and rule in your favor. The current Medicare appeals entity is:

Maximus Federal Services
Medicare Managed Care & PACE
Reconsideration Project
3750 Monroe Avenue, Suite 702
Pittsford, NY 14524-1302
Telephone: (585) 348-3300
Facismile: (585) 425-5292

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.
<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.

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Ask us to limit what we use or share	<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.
Get a list of those with whom we shared information	<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).
Get a copy of this privacy notice	<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.
Choose someone to act for you	<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.
File a complaint if you feel your rights are violated	<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.
Use a self-pay restriction	<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.

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

- Be 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</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 use health information about you to develop better services for you, which may include reviewing the quality of care and services you receive. We may also use this information in audits and fraud investigations.</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>

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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.

Help with public health and safety issues	<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 medications ▪ Reporting suspected abuse, neglect, or domestic violence ▪ Preventing or reducing a serious threat to anyone’s health or safety
Comply with the law	<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.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<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.
Address workers’ compensation, law enforcement and other government requests	<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
Respond to lawsuits and legal actions	<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.
Comply with special laws	<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.

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.

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- 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

How to Contact Us to Use Your Rights

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
TTY: 1-800-537-7697

Use Your Rights Without Fear

CalOptima Health 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.

NOTICE OF NONDISCRIMINATION

Discrimination is against the law. CalOptima Health PACE follows State and Federal civil rights laws. CalOptima Health PACE 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.

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CalOptima Health PACE 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 CalOptima Health PACE, 24 hours a day, 7 days a week, by calling **1-844-999-7223**. If you cannot hear or speak well, please call TTY at **1-714-468-1063**. 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:

CalOptima Health PACE
13300 Garden Grove Boulevard
Garden Grove, CA 92843
1-844-999-7223 (TTY 1-714-468-1063)

HOW TO FILE A GRIEVANCE

If you believe that CalOptima Health PACE 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 CalOptima Health PACE Quality Improvement Grievance & Appeals Resolution Services. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact CalOptima Health PACE, 24 hours a day, 7 days a week, by calling **1-844-999-7223**. Or, if you cannot hear or speak well, please call TTY at **1-714-468-1063**.
 - **In writing:** Fill out a complaint form or write a letter and send it to:
CalOptima Health PACE Quality Improvement – Grievance and Appeals
13300 Garden Grove Boulevard
Garden Grove, CA 92843
 - **In person:** Visit your doctor’s office or CalOptima Health PACE and say you want to file a grievance.
 - **Electronically:** Visit CalOptima Health’s website at **www.caloptima.org/PACE**.
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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:

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- By phone: Call **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.

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>.

TAGLINE

English Tagline

ATTENTION: If you need help in your language call **1-844-999-7223** (TTY **1-714-468-1063**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-844-999-7223** (TTY **1-714-468-1063**). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-844-999-7223** (TTY **1-714-468-1063**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير اتصل بـ **1-844-999-7223** (TTY **1-714-468-1063**). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-844-999-7223** (TTY **1-714-468-1063**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-844-999-7223** (TTY **1-714-468-1063**): Այդ ծառայություններն անվճար են:

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ប្បសម្ភាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-844-999-7223 (TTY 1-714-468-1063)** ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-844-999-7223 (TTY 1-714-468-1063)** ។ 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 **1-844-999-7223 (TTY 1-714-468-1063)**。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 **1-844-999-7223 (TTY 1-714-468-1063)**。这些服务都是免费的。

(Farsi) مطلب به زبان فارسی

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-844-999-7223 (TTY 1-714-468-1063)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-844-999-7223 (TTY 1-714-468-1063)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइनी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-844-999-7223 (TTY 1-714-468-1063)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-844-999-7223 (TTY 1-714-468-1063)** 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 **1-844-999-7223 (TTY 1-714-468-1063)**. 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 **1-844-999-7223 (TTY 1-714-468-1063)**. 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 **1-844-999-7223 (TTY 1-714-468-1063)** 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。 **1-844-999-7223 (TTY 1-714-468-1063)** 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 **1-844-999-7223 (TTY 1-714-468-1063)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-844-999-7223 (TTY 1-714-468-1063)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-844-999-7223 (TTY 1-714-468-1063)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນຸ່ນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-844-999-7223 (TTY 1-714-468-1063)**. 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 **1-844-999-7223 (TTY 1-714-468-1063)**. 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 nzaih bun longc. Douc waac daaih lorx **1-844-999-7223 (TTY 1-714-468-1063)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਫਿ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-844-999-7223 (TTY 1-714-468-1063)**. ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਵਿੰ ਕੀ ਬਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ **1-844-999-7223 (TTY 1-714-468-1063)** ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

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Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-844-999-7223** (линия **1-714-468-1063**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-844-999-7223** (телетайп **1-714-468-1063**). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-844-999-7223** (TTY **1-714-468-1063**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-844-999-7223** (TTY **1-714-468-1063**). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-844-999-7223** (TTY **1-714-468-1063**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-844-999-7223** (TTY **1-714-468-1063**). Libre ang mga serbisyonang ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-844-999-7223** (TTY **1-714-468-1063**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-844-999-7223** (TTY **1-714-468-1063**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-844-999-7223** (TTY **1-714-468-1063**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-844-999-7223** (TTY **1-714-468-1063**). 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 **1-844-999-7223** (TTY **1-714-468-1063**). 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 **1-844-999-7223** (TTY **1-714-468-1063**). Các dịch vụ này đều miễn phí.

Multi-language Interpreter Services

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-999-7223** (TTY **1-714-468-1063**). Someone who speaks English can help you. This is a free service.

Spanish:

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-999-7223** (TTY **1-714-468-1063**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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Chinese Mandarin:

我们提供免费的翻译服务,帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务,请致电 **1-844-999-7223 (TTY 1-714-468-1063)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問,為此我們提供免費的翻譯服務。如需翻譯服務,請致電 **1-844-999-7223 (TTY 1-714-468-1063)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog:

Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-844-999-7223 (TTY 1-714-468-1063)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-999-7223 (TTY 1-714-468-1063)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese:

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-999-7223 (TTY 1-714-468-1063)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-999-7223 (TTY 1-714-468-1063)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-999-7223 (TTY 1-714-468-1063)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian:

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-412-2734 (телетайп 1-714-468-1063)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-999-7223 (TTY 1-714-468-1063)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi:

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-999-7323 (TTY 1-714-468-1063)** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

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Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-999-7323** (TTY **1-714-468-1063**). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués:

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-999-7223** (TTY **1-714-468-1063**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-999-7223** (TTY **1-714-468-1063**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-999-7223** (TTY **1-714-468-1063**). Ta usługa jest bezpłatna.

Japanese:

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-999-7223** (TTY **1-714-468-1063**)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

:Farsi

ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، فقط با ما تماس بگیرید **1-844-999-7223** (TTY **1-714-468-1063**). کسی که انگلیسی صحبت می کند می تواند به شما کمک کند. این یک سرویس رایگان است.



CalOptima Health, A Public Agency

P.O. Box 11063
Orange, CA 92856-8163

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- Participant Bill of Rights
- Grievance & Appeals Process
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PACE Phone Numbers & Hours of Operations

You can contact us Monday through Friday from 8 a.m. to 4:30 p.m. We are closed on certain holidays.

PACE Local:	1-714-468-1100
PACE Toll-Free:	1-855-785-2584
PACE línea TTY:	1-714-468-1063
On-Call Doctor (24 hours):	1-714-468-1100
Falls:	1-714-468-1100
Pharmacy:	1-714-554-1111
Transportation:	1-714-884-7976 1-562-688-7214

Urgent Care

Gateway Urgent Care Anaheim:	1-562-826-7420
Irvine Urgent Care Irvine:	1-714-554-1111
Sunrise Urgent Care Orange:	1-714-554-1111

**Call 911 For Any Life-Threatening
Emergency**