Chapter 2: Important phone numbers and resources

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about our plan and your health care benefits. You can also use this chapter to get information about how to contact your care coordinator and others to advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of this *Member Handbook*.

[*If applicable, plans should modify this chapter to include contact information for other resources.*]

[*Plans should refer to other parts of the Member Handbook using the appropriate chapter number and section. For example, "refer to Chapter 9, Section A." An instruction* [*insert reference, as applicable*] *appears with many cross references throughout the Member Handbook. Plans can always include additional references to other sections, chapters, and/or member materials when helpful to the reader.*]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# Member Services

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)>. This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who don’t speak English. |
| TTY | <TTY phone number>. This call is free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [*Fax number is optional.*] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | <URL> |

Contact Member Services to get help with:

* questions about the plan
* questions about claims or billing

[*If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.*]

* coverage decisions about your health care
* A coverage decision about your health care is a decision about:
* your benefits and covered services **or**
* the amount we pay for your health services.
* Call us if you have questions about a coverage decision about your health care.
* To learn more about coverage decisions, refer to **Chapter 9** of this *Member Handbook*.
* appeals about your health care
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake or disagree with the decision.
* To learn more about making an appeal, refer to **Chapter 9** of this *Member Handbook* or contact Member Services.
* complaints about your health care
* You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with our plan. You can also make a complaint to us or to the Quality Improvement Organization (QIO) about the quality of the care you received (refer to **Section F** [*insert reference, as applicable*]).
* You can call us and explain your complaint at <phone number>.
* If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section above [*insert reference, as applicable*]).
* You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/my/medicare-complaint](https://www.medicare.gov/my/medicare-complaint). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* You can make a complaint about our plan to the Medicare Medi-Cal Ombudsman Program by calling 1-855-501-3077.
* To learn more about making a complaint about your health care, refer to **Chapter 9** of this *Member Handbook*.
* coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
* your benefits and covered drugs **or**
* the amount we pay for your drugs.
* Non-Medicare covered drugs, such as over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website ([www.medi-calrx.dhcs.ca.gov](https://medi-calrx.dhcs.ca.gov/)) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273.
* For more on coverage decisions about your drugs, refer to **Chapter 9** of this *Member Handbook*.
* appeals about your drugs
* An appeal is a way to ask us to change a coverage decision.
* For more on making an appeal about your drugs, refer to **Chapter 9** of this *Member Handbook*.
* complaints about your drugs
* You can make a complaint about us or any pharmacy. This includes a complaint about your drugs.
* If your complaint is about a coverage decision about your drugs, you can make an appeal. (Refer to the section above [*insert reference, as applicable*].)
* You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/my/medicare-complaint](https://www.medicare.gov/my/medicare-complaint). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* For more on making a complaint about your drugs, refer to **Chapter 9** of this *Member Handbook*.
* payment for health care or drugs you already paid for

[*Plans with an arrangement with the state can add language to reflect that the organization isn’t allowed to reimburse members for Medicaid-covered benefits.*]

* For more on how to ask us to pay you back, or to pay a bill you got, refer to **Chapter 7** of this *Member Handbook*.
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to **Chapter 9** of this *Member Handbook*.

# Your Care Coordinator

[*Plans should include information explaining what a care coordinator is, how members can get a care coordinator, how they can contact the care coordinator, and how they can change their care coordinator. Plans can modify this section as appropriate.*]

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)>. This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who don’t speak English. |
| TTY | <TTY phone number>. This call is [*insert if applicable:* not] free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [*Fax number is optional.*] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | [*URL is optional.*] |

Contact your care coordinator to get help with:

* questions about your health care
* questions about getting behavioral health (mental health and substance use disorder) services
* questions about dental benefits
* questions about transportation to medical appointments
* questions about Long-term Services and Supports (LTSS), including Community-Based Adult Services (CBAS) and Nursing Facilities (NF)
* [Plans can insert bullets noting additional areas that care coordinators can provide assistance with.]

You might be able to get these services:

* Community-Based Adult Services (CBAS)
* skilled nursing care
* physical therapy
* occupational therapy
* speech therapy
* medical social services
* home health care
* In-Home Supportive Services (IHSS) through your county social service agency [*SCAN FIDE SNP add replacement language for IHSS*]
* sometimes you can get help with your daily health care and living needs [*Plans should revise this section as necessary to list the specific services that are available.*]

# Health Insurance Counseling and Advocacy Program (HICAP)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state that offers free help, information, and answers to your Medicare questions. In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can answer your questions and help you understand what to do to handle your problem. HICAP has trained counselors in every county, and services are free.

HICAP is an independent state program (not connected with any insurance company or health plan) that gets money from the federal government to give free local health insurance counseling to people with Medicare.

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)>  <Days and hours of operation> |
| TTY | [*TTY phone number is optional.*]  [*Insert if the HICAP uses a direct TTY number:* This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | <URL> |

Contact HICAP for help with:

* questions about Medicare
* HICAP counselors can answer your questions about changing to a new plan and help you:
* understand your rights,
* understand your plan choices,
* answer questions about switching plans,
* make complaints about your health care or treatment, **and**
* assist with billing or claims issues.

# Nurse Advice Call Line

[*Plans should include a brief description and information about what the Nurse Advice Call Line is.*] You can contact the Nurse Advice Call Line with questions about your health or health care.

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who don’t speak English. |
| TTY | <TTY phone number> This call is [*insert if applicable:* not] free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

# Behavioral Health Crisis Line

[*Plans should only include the Behavioral Health Crisis Line if it’s applicable. If plans include a Behavioral Health Crisis Line, they should also briefly describe what it is. If there are different contact lines for mental health services and substance use services, the plans should include both lines here.*]

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who don’t speak English. |
| TTY | <TTY phone number> This call is [*insert if applicable:* not] free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

Contact the Behavioral Health Crisis Line for help with:

* questions about behavioral health and substance abuse services
* [*Insert when applicable: questions about substance use disorder services*]
* [*Plans should revise this section as necessary to list the specific services that are available.*]

For questions about your county specialty mental health services, refer to **Section K** [*insert reference, as applicable*].

# Quality Improvement Organization (QIO)

Our state has an organization called <state-specific QIO name>. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.<state-specific QIO name> is an independent organization. It’s not connected with our plan.

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)> |
| TTY | [TTY phone number is optional.]  [Insert if the QIO uses a direct TTY number: This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | <URL> |

Contact <state-specific QIO name> for help with:

* questions about your health care rights
* making a complaint about the care you got if you:
* have a problem with the quality of care such as getting the wrong medication, unnecessary tests or procedures, or a misdiagnosis,
* think your hospital stay is ending too soon, **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# Medicare

Medicare is the federal health insurance program for people 65 years of age or over, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS. This agency contracts with Medicare Advantage organizations including our plan.

| Contact Type |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048. This call is free.  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| CHAT LIVE | Chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone) |
| WRITE | Write to Medicare at PO Box 1270, Lawrence, KS 66044 |
| WEBSITE | [www.medicare.gov](https://www.medicare.gov/)   * Get information about the Medicare health and drug plans in your area, including what they cost and what services they provide. * Find Medicare-participating doctors or other health care providers and suppliers. * Find out what Medicare covers, including preventative services (like screenings, shots, or vaccines, and yearly “wellness” visits). * Get Medicare appeals information and forms. * Get information about the quality of care provided by plans, nursing homes, hospitals, doctors, home health agencies, dialysis facilities, hospice centers, inpatient rehabilitation facilities, and long-term care hospitals. * Look up helpful websites and phone numbers.   To submit a complaint to Medicare, go to [www.medicare.gov/my/medicare-complaint](https://www.medicare.gov/my/medicare-complaint). Medicare takes your complaints seriously and will use this information to help improve the quality of the Medicare program. |

# Medi-Cal

Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed [health care services](https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx) for low-income individuals, including families with children, seniors, persons with disabilities, children and youth in foster care, and pregnant women. Medi-Cal is financed by state and federal government funds.​

Medi-Cal benefits include medical, dental, behavioral health, and long-term services and supports.

You’re enrolled in Medicare and in Medi-Cal. If you have questions about your Medi-Cal benefits, call your plan care coordinator. If you have questions about Medi-Cal plan enrollment, call Health Care Options.

[*Plans should update this information below to correctly reflect contacts for County Organized Health Systems (COHS) counties.*]

| Contact Type |  |
| --- | --- |
| CALL | 1‐800‐430‐4263  Monday through Friday, 8 a.m. to 6 p.m. |
| TTY | 1‐800‐430‐7077  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | CA Department of Health Care Services Health Care Options P.O. Box 989009 West Sacramento, CA 95798-9850 |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | [www.healthcareoptions.dhcs.ca.gov/](https://www.healthcareoptions.dhcs.ca.gov/) |

# Medi-Cal Managed Care and Mental Health Office of the Ombudsman

The Office of the Ombudsman helps solve problems from a neutral standpoint to ensure that our members receive all medically necessary covered services. They will listen, answer your questions, analyze your situation, explain policies and procedures, provide information, advice, and options, and suggest appropriate referrals. It’s their job to help develop fair solutions to health care access problems. They aren’t connected with our plan or with any insurance company or health plan. Their services are free.

| Contact Type |  |
| --- | --- |
| CALL | 1‐888‐452‐8609  Monday through Friday, 8 a.m. to 5 p.m. |
| TTY | 1‐800‐430‐7077  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | CA Department of Health Care Services Health Care Options P.O. Box 989009 West Sacramento, CA 95798-9850 |
| EMAIL | [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov) |
| WEBSITE | [www.dhcs.ca.gov/services/MH/Pages/mh-ombudsman.aspx](http://www.dhcs.ca.gov/services/MH/Pages/mh-ombudsman.aspx) |

# County Social Services

If you need help with your [*plans should insert reference to particular services for which County Social Services provides assistance, as applicable, including IHSS and Medi-Cal eligibility*] benefits, contact your local County Social Services agency. [*Plans should include additional language about relevant services, including IHSS and Medi-Cal eligibility.*]

Contact your County Social Services agency to apply for In Home Supportive Services, which will help pay for services provided to you so that you can remain safely in your own home. Types of services may include help with preparing meals, bathing, dressing, laundry shopping or transportation.

Contact your County Social Services agency for any questions about your Medi-Cal eligibility.

[*Plans should update the table below with the contact information for the local county social services department. For any plan benefit packages that include multiple counties, please include a table with a header and contact information for each county below. These plans should also add an instruction directing the member to review the information for their county.*]

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> |
| TTY | [*TTY phone number is optional.*]  [*Insert if the program uses a direct TTY number:* This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | <URL> |

# County Behavioral Health Services Agency

Medi-Cal specialty mental health services and substance use disorder services are available to you through the county if you meet access criteria.

[*Plans should update the table below with the contact information for the local county Behavioral Health Services Agency.*]

| Contact Type |  |
| --- | --- |
| **CALL** | <Phone number(s)> This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who don’t speak English. |
| **TTY** | <TTY phone number> This call is [*insert if applicable:* not] free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

Contact the county Behavioral Health agency for help with:

* questions about specialty mental health services provided by the county
* questions about substance use disorder services provided by the county
* [*Plans revise this section as necessary to list specific services that are available.*]

# California Department of Managed Health Care

[*Plans should only include this section if Medi-Cal plan is Knox-Keene licensed. Other plans should delete this section.*]

The California Department of Managed Health Care (DMHC) is responsible for regulating health plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services.

| Contact Type |  |
| --- | --- |
| CALL | 1-888-466-2219  DMHC representatives are available between the hours of 8:00 a.m. and 6:00 p.m., Monday through Friday. |
| TDD | 1-877-688-9891  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WRITE | Help Center  California Department of Managed Health Care  980 Ninth Street, Suite 500  Sacramento, CA 95814-2725 |
| FAX | 1-916-255-5241 |
| WEBSITE | [www.dmhc.ca.gov](http://www.dmhc.ca.gov/) |

# Programs to Help People Pay for Drugs

The Medicare website ([www.medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs)) [p](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs)rovides information on how to lower your drug costs. For people with limited incomes, there are also other programs to assist, as described below.

## M1. Extra Help from Medicare

Because you’re eligible for Medi-Cal, you qualify for and are getting “Extra Help” from Medicare to pay for your drug plan costs. You don’t need to do anything to get this “Extra Help.”

| Contact Type |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](http://www.medicare.gov) |

[*Plans that have no drug cost-sharing can delete this section*.]

If you think you’re paying an incorrect amount for your prescription at a pharmacy, our plan has a process to help get evidence of your correct copayment amount. If you already have evidence of the right amount, we can help you share this evidence with us.

* [*Plans should insert process for allowing members to ask for help to get the best available evidence, and for providing this evidence.*]
* [*Plans should update this description to accurately reflect the process in this bullet.*] When we get the evidence showing the right copayment level, we’ll update our system so you can pay the right copayment amount when you get your next prescription. If you overpay your copayment, we’ll pay you back either by check or a future copayment credit. If the pharmacy didn’t collect your copayment and you owe them debt, we may make the payment directly to the pharmacy. If the state paid on your behalf, we may make payment directly to the state. Call Member Services at the number at the bottom of the page if you have questions.

M2. AIDS Drug Assistance Program (ADAP)

[*Plans should delete this section if not applicable.*] ADAP helps ADAP-eligible people living with HIV/AIDS have access to life-saving HIV drugs. Medicare Part D drugs that are also on the ADAP formulary qualify for prescription cost-sharing help through the <state-specific ADAP information>. Note: To be eligible for the ADAP in your state, people must meet certain criteria, including proof of the state residence and HIV status, low income (as defined by the state), and uninsured/under-insured status. If you change plans, notify your local ADAP enrollment worker so you can continue to receive assistance for information on eligibility criteria, covered drugs, or how to enroll in the program, please call [*insert state-specific ADAP contact information.*]

M3. The Medicare Prescription Payment Plan

[*Plans should delete this section if there are no copays for Part D drugs*.] The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.** **If you’re participating in the Medicare Prescription Payment Plan and stay in the same plan, you don’t need to do anything to continue this option.** “Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in this payment option, no matter your income level, and plans with drug coverage must offer this payment option. To learn more about this payment option, call Member Services at the phone number at the bottom of the page or visit [www.medicare.gov](http://www.medicare.gov/).

# Social Security

Social Security determines Medicare eligibility and handles Medicare enrollment.

If you move or change your mailing address, it’s important that you contact Social Security to let them know.

|  |  |
| --- | --- |
| CALL | 1-800-772-1213  Calls to this number are free.  Available 8:00 am to 7:00 pm, Monday through Friday.  You can use their automated telephone services to get recorded information and conduct some business 24 hours a day. |
| TTY | 1-800-325-0778  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WEBSITE | [www.ssa.gov](http://www.ssa.gov) |

# Railroad Retirement Board (RRB)

The RRB is an independent Federal agency that administers comprehensive benefit programs for the nation’s railroad workers and their families. If you get Medicare through the RRB, let them know if you move or change your mailing address. For questions about your benefits from the RRB, contact the agency.

| Contact Type |  |
| --- | --- |
| CALL | 1-877-772-5772  Calls to this number are free.  Press “0” to speak with a RRB representative from 9 a.m. to 3:30 p.m., Monday, Tuesday, Thursday and Friday, and from 9 a.m. to 12 p.m. on Wednesday.  Press “1” to access the automated RRB Help Line and get recorded information 24 hours a day, including weekends and holidays. |
| TTY | 1-312-751-4701  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.  Calls to this number aren’t free. |
| WEBSITE | [www.rrb.gov](https://www.rrb.gov/) |

# Group insurance or other insurance from an employer

[*Plans should delete this section if members covered under employer groups aren’t eligible to participate in D-SNPs in the state.*]

If you (or your spouse or domestic partner) get benefits from your (or your spouse’s or domestic partner’s) employer or retiree group as part of this plan, call the employer/union benefits administrator or Member Services at the phone number at the bottom of the page with any questions. You can ask about your (or your spouse’s or domestic partner’s) employer or retiree health benefits, premiums, or the enrollment period. You can also call 1-800-MEDICARE (1-800-633-4227) with questions about your Medicare coverage under this plan. TTY users call 1-877-486-2048.

If you have other drug coverage through your (or your spouse’s or domestic partner’s) employer or retiree group, contact **that group’s benefits administrator**. The benefits administrator can help you understand how your current drug coverage will work with our plan.

# Other resources

The Medicare Medi-Cal Ombudsman Program offers FREE assistance to help people who are struggling to get or maintain health coverage and resolve problems with their health plans.

If you have problems with:

* Medi-Cal
* Medicare
* your health plan
* accessing medical services
* appealing denied services, drugs, durable medical equipment (DME), mental health services, etc.
* medical billing
* IHSS (In-Home Supportive Services)

The Medicare Medi-Cal Ombudsman Program assists with complaints, appeals, and hearings. The phone number for the Ombudsman Program is 1-855-501-3077.

# Medi-Cal Dental

Certain dental services are available through Medi-Cal Dental; including but not limited to, services such as:

* initial examinations, X-rays, cleanings, and fluoride treatments
* restorations and crowns
* root canal therapy
* partial and complete dentures, adjustments, repairs, and relines

[*Plans should modify this text and the table below based on the county and health plan*: Dental benefits are available through Medi-Cal Dental Fee-for-Service (FFS), Dental Managed Care (DMC) and Health Plan of San Mateo.]

|  |  |
| --- | --- |
| **CALL** | 1-800-322-6384  The call is free.  Medi-Cal Dental FFS representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. |
| **TTY** | 1-800-735-2922  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| **WEBSITE** | [www.dental.dhcs.ca.gov](https://dental.dhcs.ca.gov/)  [smilecalifornia.org](https://smilecalifornia.org/) |

[*All plans except Health Plan of San Mateo should use this language or modify as appropriate*: Instead of Medi-Cal Dental Fee-For-Service, you may get dental benefits through a dental managed care plan. Dental managed care plans are available in Sacramento and Los Angeles Counties. If you want more information about dental plans, or want to change dental plans, contact Health Care Options at 1-800-430-4263 (TTY users call 1-800-430-7077), Monday through Friday, 8:00 a.m. to 6:00 p.m. The call is free. Dental managed care plan contacts are also available here: [www.dhcs.ca.gov/services/Pages/ManagedCarePlanDirectory.aspx](https://www.dhcs.ca.gov/services/Pages/ManagedCarePlanDirectory.aspx)*.*]

[*Plans should remove this text except for Health Plan of San Mateo:* You may get dental services from HPSM. For help finding a dentist, or for help getting dental services, you can call 1-800-750-4776 (toll-free) (TTY 1-800-735-2929 or 711). You may also visit the HPSM’s website at [www.hpsm.org/dental](http://www.hpsm.org/dental) for more information.]