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 <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your care coordinator and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1." An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[*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.*]

**Table of Contents**

[A. How to contact <plan name> Member Services 3](#_Toc516000543)

[A1. When to contact Member Services 3](#_Toc516000544)

[B. How to contact your Care Coordinator 6](#_Toc516000545)

[B1. When to contact your care coordinator 6](#_Toc516000546)

[C. How to contact the Nurse Advice Call Line 8](#_Toc516000547)

[C1. When to contact the Nurse Advice Call Line 8](#_Toc516000548)

[D. How to contact the Behavioral Health Crisis Line 9](#_Toc516000549)

[D1. When to contact the Behavioral Health Crisis Line 9](#_Toc516000550)

[E. How to contact the Health Insurance Counseling and Advocacy Program (HICAP) 10](#_Toc516000551)

[E1. When to contact HICAP 10](#_Toc516000552)

[F. How to contact the Quality Improvement Organization (QIO) 11](#_Toc516000553)

[F1. When to contact <State-specific QIO name> 11](#_Toc516000554)

[G. How to contact Medicare 12](#_Toc516000555)

[H. How to contact Medi-Cal Health Care Options 13](#_Toc516000556)

[I. How to contact the Cal MediConnect Ombuds Program 14](#_Toc516000557)

[J. How to contact County Social Services 15](#_Toc516000558)

[K. How to contact your County Specialty Mental Health Plan 16](#_Toc516000559)

[K1. Contact the county specialty mental health plan about: 16](#_Toc516000560)

[L. How to contact the California Department of Managed Health Care 17](#_Toc516000561)

[M. Other resources 18](#_Toc516000562)

# How to contact <plan name> Member Services

|  |  |
| --- | --- |
| 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 do not speak English. |
| TTY | <TTY/TDD phone number> This call is 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> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## A1. When to contact Member Services

* Questions about the plan
* Questions about claims, billing or Member ID Cards

[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 will 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, see Chapter 9 [plans may insert reference, as applicable].
* 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.
* To learn more about making an appeal, see Chapter 9 [plans may insert reference, as applicable].
* 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 the health plan. You can also make a complaint about the quality of the care you got to us or to the Quality Improvement Organization (see Section F below [plans may insert reference, as applicable]).
* You can call us and explain your complaint. Call Member Services at <phone number>.
* If your complaint is about a coverage decision about your health care, you can make an appeal (see the section above [plans may insert reference, as applicable]).
* You can send a complaint about <plan name> to Medicare. You can use an online form at <https://www.medicare.gov/MedicareComplaintForm/home.aspx>. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* You can make a complaint about <plan name> to the Cal MediConnect Ombuds Program by calling <phone number>.
* To learn more about making a complaint about your health care, see Chapter 9 [plans may insert reference, as applicable].
* Coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
* Your benefits and covered drugs, **or**
* The amount we will pay for your drugs.
* This applies to your Part D drugs, Medi-Cal prescription drugs, and Medi-Cal over-the-counter drugs.
* For more on coverage decisions about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].
* Appeals about your drugs
* An appeal is a way to ask us to change a coverage decision.

[Plans should include contact information for appealing Medi-Cal drugs and Part D drugs. If the contact information is the same, plans should modify the information so only one number is given to appeal all drugs. If applicable, explain how Medi-Cal drugs are labeled in the Drug List.]

* For more on making an appeal about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].
* Complaints about your drugs
* You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (See the section above[plans may insert reference, as applicable]*.*)
* You can send a complaint about <plan name> to Medicare. You can use an online form at <https://www.medicare.gov/MedicareComplaintForm/home.aspx>. Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* For more on making a complaint about your prescription drugs, see Chapter 9 [plans may insert reference, as applicable].
* Payment for health care or drugs you already paid for

[Plans with an arrangement with the state may add language to reflect that the organization is not allowed to reimburse members for Medi-Cal-covered benefits. Plans adding this language should include reference to the plan’s Member Services.]

* For more on how to ask us to pay you back, or to pay a bill you got, see Chapter 7 [plans may insert reference, as applicable].
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. See Chapter 9 [plans may insert reference, as applicable] for more   
  on appeals.

**[*COHS plans include the following***:

* Questions about your enrollment
* Contact Member Services if you want to end your membership in our plan or have other questions about enrollment.]

# How to contact 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.]

|  |  |
| --- | --- |
| 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 do not speak English. |
| TTY | <TTY/TDD 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> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## B1. When to contact your care coordinator

* Questions about your health care
* Questions about getting behavioral health (mental health and substance use disorder) services
* Questions about transportation
* Questions about long-term services and supports (LTSS)

LTSS include Community-Based Adult Services (CBAS), Multipurpose Senior Service Programs (MSSP)[Plan shall change “Multipurpose Senior Services Program (MSSP)” to the term “Care Planning and Management (CPM)”, once the plan’s county has transitioned MSSP into Managed Care], and Nursing Facilities (NF).

[Plans should include information on eligibility requirements for LTSS.]

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.]

You might be able to get these services:

* Community-Based Adult Services (CBAS),
* Multipurpose Senior Service Programs (MSSP)[Plan shall change “Multipurpose Senior Services Program (MSSP)” to the term “Care Planning and Management (CPM)”, once the plan’s county has transitioned MSSP into Managed Care],
* Skilled nursing care,
* Physical therapy,
* Occupational therapy,
* Speech therapy,
* Medical social services, and
* Home health care.

# How to contact the Nurse Advice Call Line

[Plans should include a brief description and information about what the Nurse Advice Call Line is.]

|  |  |
| --- | --- |
| 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 do not speak English. |
| TTY | <TTY/TDD 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> |

## C1. When to contact the Nurse Advice Call Line

* Questions about your health care

# How to contact the Behavioral Health Crisis Line

[*Plans should only include the Behavioral Health Crisis Line if it is 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.*]

|  |  |
| --- | --- |
| 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 do not speak English. |
| TTY | <TTY/TDD 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> |

## D1. When to contact the Behavioral Health Crisis Line

* 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 regarding your county specialty mental health services, go to page <page number>.

# How to contact the Health Insurance Counseling and Advocacy Program (HICAP)

The Health Insurance Counseling and Advocacy Program (HICAP) gives free health insurance counseling to people with Medicare. 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 not connected with any insurance company or health plan.

[*Plans should update the table below with the contact information for the local HICAP.*]

|  |  |
| --- | --- |
| CALL | <Phone number(s)>  <Days and hours of operation> |
| TTY | [TTY/TDD phone number is optional.]  [Insert if the HICAP 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 | <Web address> |

## E1. When to contact HICAP

* Questions about your Cal MediConnectplan
* HICAP counselors can answer your questions about changing to a new plan and help you:
* understand your rights,
* understand your plan choices,
* make complaints about your health care or treatment, **and**
* straighten out problems with your bills.

# How to contact the Quality Improvement Organization (QIO)

Our state has an organization called a <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 not connected with our plan.

|  |  |
| --- | --- |
| CALL | <Phone number(s)> |
| TTY | [TTY/TDD phone number is optional.]  [Insert if the QIO 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 | <Web address> |

## F1. When to contact <State-specific QIO name>

* Questions about your health care
* You can make a complaint about the care you got if you:
* have a problem with the quality of care,
* 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.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, 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.

|  |  |
| --- | --- |
| 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 hearing or speaking problems.  You must have special telephone equipment to call it. |
| WEBSITE | <http://www.medicare.gov>  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, physicians, home health agencies, and dialysis facilities. It includes booklets you can print right from your computer. You can also find Medicare contacts in your state by selecting “Forms, Help & Resources” and then clicking on “Phone numbers & websites.”  The Medicare website has the following tool to help you find plans in your area:  **Medicare Plan Finder:** Provides personalized information about Medicare prescription drug plans, Medicare health plans, and Medigap (Medicare Supplement Insurance) policies in your area. Select “Find health & drug plans.”  If you don’t have a computer, your local library or senior center may be able to help you visit this website using its computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact Medi-Cal Health Care Options

**[COHS plans should delete this section.]**

[Plans must, as appropriate, include additional telephone numbers for Cal MediConnect program assistance.]

Medi-Cal Health Care Options can help you if you have questions about selecting a Cal MediConnect plan or other enrollment issues.

[If applicable, plans may also inform members that they can get information about Cal MediConnect from county resource centers and indicate where members can find contact information for these centers.]

|  |  |
| --- | --- |
| CALL | 1-844-580-7272  Health Care Options representatives are available between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. |
| 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 | California Department of Health Care Services  Health Care Options  P.O. Box 989009  West Sacramento, CA 95798-9850 |
| EMAIL | [Email address is optional.] |
| WEBSITE | <https://www.healthcareoptions.dhcs.ca.gov/> |

# How to contact the Cal MediConnect Ombuds Program

The Cal MediConnect Ombuds Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The Cal MediConnect Ombuds Program can also help you with service or billing problems. The Cal MediConnect Ombuds Program is not connected with our plan or with any insurance company or health plan. Their services are free.

|  |  |
| --- | --- |
| CALL | 1-855-501-3077 This call is free.  <Days and hours of operation> |
| TTY | [TTY/TDD phone number is optional.]  [Insert if the ombudsman 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 | <Web address> |

# How to contact 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*] benefits, contact your local County Social Services Department. [*Plans should include additional language about relevant services if applicable.*]

[*Plans should update the table below with the contact information for the local county social services department.*]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> |
| TTY | [TTY/TDD 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 | <Web address> |

# How to contact your County Specialty Mental Health Plan

Medi-Cal specialty mental health services are available to you through the county mental health plan (MHP) if you meet the medical necessity criteria*.*

[*Plans should update the table below with the contact information for the local MHP.*]

|  |  |
| --- | --- |
| **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 do not speak English. |
| **TTY** | <TTY/TDD 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> |

## K1. Contact the county specialty mental health plan about:

* Questions about behavioral health services provide by the county

[*Plans should revise this section as necessary to list the specific services that are available.*]

[Plans with Medi-Cal products not subject to Knox-Keene licensure requirements should delete this section.]

# How to contact the California Department of Managed Health Care

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 against your health plan about Medi-Cal services.

|  |  |
| --- | --- |
| 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. |
| TTY | 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 | <http://www.hmohelp.ca.gov> |

# Other resources

[Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, or area agencies on aging. Plans should format consistently with other sections and include a brief description and information about any other resources they add.]