



Member Handbook

Helpful Information

CHOC Health Alliance Member Services

1-800-424-2462 (toll-free)

Physical address

CHOC Health Alliance
1120 W. La Veta #450
Orange, CA 92868

CalOptima

1-888-587-8088 (toll-free)
Services for the Hearing Impaired (TTY),
California Relay System 1 - 800 - 735 – 2922

Poison Control Center

1-800-522-4611

WIC

1-888-655-2942

Personal Information

My member ID number

My PCP (Primary Care Practitioner)

My PCP's phone number

www.chochealthalliance.com

CHOC Health Alliance Member Services Department **1-800-424-2462**

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WELCOME TO CHOC HEALTH ALLIANCE (CHA)

Thank you for choosing us to provide your CalOptima health care benefits to you and your Family. As a CHOC Health Alliance member, you can choose from more than 300 doctors and many hospitals throughout Orange County including Children's Hospital of Orange County and Mission Regional Hospital. Many of our doctors and hospital staff speak Spanish, Vietnamese, and other languages.

It is important for us to work together. This way, we can help your doctor take care of all your medical needs. In this handbook, you will find information that will help you know how to use your new Medi-Cal benefits through CHOC Health Alliance. Please read this handbook carefully. You can call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free **1-888-587-8088**, if you have questions about your benefits. For information about your Medi-Cal benefits, please refer to your CalOptima Member Handbook.

As a new member of CHOC Health Alliance, you need to make an appointment with your primary care physician (PCP) within the first four months (120 days) of becoming a CalOptima member. This health exam will help your PCP to understand your health care needs. Your PCP will make sure you get all of the routine health care services that you need.

Call your PCP's office today to schedule your health exam appointment. If you are pregnant, call us right away so we can help you to make an appointment with your PCP.

MEMBER SERVICES

Our Member Service Representatives will work with your PCP to give you the best medical care. Staying healthy takes teamwork. CHA Member Service Representatives can help you when you:

- Have questions about your health network and your benefits.
- Want to choose a PCP.
- Want to change your doctor.
- Need family planning services.
- Want to file a complaint.

Our staff can talk to you in your language!

www.chochealthalliance.com

CHOC Health Alliance Member Services Department **1-800-424-2462**

CHOC Health Alliance Member Services
 Department **1-800-424-2462** (24 hours / 7 days
 a week) CalOptima Customer Service Department
1-714-246-8500 or toll-Free **1-888-587-8088**

CHOC Health Alliance is located at:

1120 W. La Veta #450
 Orange, CA 92868

MEMBER CHECKLIST

- Call your Primary Care Physician (PCP) to make appointments. If you cannot keep your appointment, call the PCP at least one day before your visit to cancel.
 - Except for family planning and emergency care services, all of your health care begins with your PCP.
- Always follow your PCP's advice and directions about medicine, diet and exercise.
- Hospital emergency rooms should be used for emergencies only. Do not use the emergency room for regular care.
- Be sure each eligible family member has these cards and takes them to all medical visits.
 - Medi-Cal Beneficiary Identification Card (BIC)
 - CalOptima card

DISENROLLMENT

Provider disenrollment of members

Your PCP may ask to stop seeing you if the following things happen:

- If you continue to not follow your PCP's instructions and medical care guidelines, or
- If you are disruptive and rude in your PCP's office, to the doctor, office staff, or to other patients in the doctor's office, or
- If your doctor does not feel that you can work together to give you the best care or treatment you need, or
- You have threatened to hurt or harm your PCP or his/her office staff.

Health Network disenrollment of members

CHOC Health Alliance may ask CalOptima to disenroll a member from our health network if:

- You are verbally or physically abusive or violent.
- You do not follow your doctor's plan of treatment.
- You let someone else use your BIC and/or CalOptima ID card.

CHOC Health Alliance will send a request to change your health network to CalOptima for review and approval. You will get a letter from CalOptima telling you the effective date that you will be changed to a new health network and you will need to choose a new health network from the CalOptima Health Network Listing. If you do not choose, CalOptima will choose a health network for you.

Do you want to change your health network?

You can change your health network every 30 days by contacting CalOptima at **1-888-587-8088** or **1-714-246-8500**.

MEMBER RIGHTS AND RESPONSIBILITIES

MEMBER BILL OF RIGHTS

CHOC Health Alliance members have the right to:

1. Be treated with respect and dignity.
2. Have your medical records protected, as they are confidential.
3. Be able to look at your medical records.
4. Choose or change your doctor within CHOC Health Alliance.
5. Be able to talk in the language that works best For you.
6. Get information about your illness, treatment, and results.
7. Get preventative health services.
8. Join in deciding what type of care you want or don't want.
9. A second opinion.
10. Get care, no matter what race, color, sex, nationality, or disability you may have.

11. Ask questions and talk about your healthcare.
12. Send a complaint about the care you got.

MEMBER RESPONSIBILITIES

CHOC Health Alliance members are responsible for:

1. Show your ID cards to the doctor or hospital before getting services.
2. Know the name of your personal doctor and get approval before getting additional medical care.
3. Let your doctor know about your medical condition, including emergency situations.
4. Making and keeping appointments. Contact the doctor's office when you must cancel an appointment.
5. Tell your doctors if you do not understand what they are telling you.
6. Follow your doctor's treatment plan for medicine, diet, and exercise.
7. Tell your eligibility worker, CalOptima and CHOC Health Alliance Member Service Department if you move or have a change in your address and/or phone number.
8. Be helpful and kind to the people who are partners in your health care.

GETTING CARE

YOUR DOCTOR/PRIMARY CARE PHYSICIAN (PCP)

Your Primary Care Physician (PCP) is your health care partner

Your PCP is a very important person who will give or arrange most of the health care you receive as a CHOC Health Alliance member. Your first step is to choose a primary care doctor. You can choose a PCP at the time of enrollment. If you did not choose a PCP, call our Member Service Department at **1-800-424-2462** and our staff will help you find a PCP close to your home.

It is important to start off right and schedule a first health exam. You need to make your first health visit within the first four months (less than 120 days) of becoming a CHOC Health Alliance member. This is the time for you to discuss your health care needs and to get to know your PCP and begin a good doctor-patient relationship. Call your PCP to schedule your first health exam.

CHANGING YOUR PCP

If you would like to change the PCP that you have chosen or have been assigned to, please call our Member Service Department at **1-800-424-2462**. Our staff will help you choose a new PCP. The new PCP you choose must be with CHOC Health Alliance. We can also send you a list of doctors to choose from. You can change your PCP every 30 days. In most cases, you must wait until the first day of the following month to begin seeing your new PCP.

CHOC Health Alliance may not be able to change your PCP if you ask for a PCP who is not taking new members or if you've already seen a PCP in the same month.

When you change your PCP, you should fill out an "Authorization for Release of Medical Information" form. This will help your new PCP understand your medical needs. You can get this or a similar form from your PCP.

Remember, except for family planning or emergency services, you must get your health care from your PCP first.

GETTING A SECOND OPINION

Your PCP can refer you to another specialist for a second opinion, when you request for one or if your PCP believes you should have a second opinion.

PRIOR AUTHORIZATION

Prior Authorization means reviewing a request for health care and services before you get them. These services may be to:

- Visit a specialist
- Obtain durable medical equipment
- Get inpatient or outpatient hospital care services
- Obtain medical supplies

If your PCP believes you need one of these services, your PCP will request for prior authorization, which will be reviewed by CHA's Prior Authorization Department. CHA will send your PCP a letter with the decision.

Prior Authorization referral process:

- Routine referrals will be processed within five (5) working days.
- Urgent referrals will be processed within seventy-two (72) hours.

YOUR BENEFITS

The services listed below are offered by CHOC Health Alliance under Medi-Cal (CalOptima). For a complete list of Medi-Cal covered services, refer to the CalOptima Member Handbook. Also, please refer to the CalOptima Member Handbook for a list of services not covered by the Medi-Cal program and how you may access those services.

COVERED MEDICAL SERVICES

Description of services	How to obtain services
PCP Office Visits	Call your assigned PCP's office, see welcome letter included in the packet
Durable Medical Equipment (DME) Equipments such as wheelchairs, crutches, etc.	Must be prescribed by your PCP and approved by CHA.
Medical and Incontinence Supplies	Request must be submitted by your PCP and approved by CHA.
Emergency Services	Go to the nearest emergency room. Show your CalOptima and BIC card and ask hospital to call CHA For eligibility.
Family Planning Services	You may get this service from your PCP. You can also get family planning services from any willing out-of-network doctors without prior-authorization from CHA. You may also call the Department of Health Care Services office of Family Planning. They can be reached at toll-free 1-800-942-1054 for a referral.

Vision Care Services	Contact CalOptima for more information
Pediatric Preventative Screening Services/ CHDP	Call your child's PCP office.
Non-emergency transportation	Call CHA's Member Services Department at 1-800-424-2462 .
Urgent Care	See attached listing
Interpreter Services (Available at no cost to you.)	Your PCP can ask for an interpreter or call CHA's Member Services at 1-800-424-2462 .
Health Education	Contact CalOptima about the classes and more information.

SERVICES NOT COVERED

Certain services are not covered or are "carved-out" of the CalOptima program. These include but are not limited to:

- Services provided by any Federal or state hospital for the developmentally disabled or mentally ill.
- California Children's Services Program (CCS)
- Dental Services
- Short Doyle/Medi-Cal mental health services, including outpatient mental health services provided by mental health professionals and psychiatric inpatient services.
- Alcohol and Drug Programs
- Home and Community Based Waiver Services

For information on the following carved-out services, please call:

California Children's Services (CCS)	1-714-347-0300
Alcohol and Drug Abuse	1-714-834-3840
Dental Services (Denti-Cal)	1-800-322-6384
Orange County Mental Health Plan and Orange County Children and Youth Services (CYS)	1-800-723-8641
Regional Center of Orange County (serving the developmentally disabled)	

East/Central Area Office	1-714-796-5100
North Area Office	1-714-796-3700
West Area Office	1-714-796-2900
South Area Office	1-714-796-4060

Services that are not determined to be medically necessary are not a covered service.

FAMILY PLANNING SERVICES

Family planning services include birth control approved by the Federal Food and Drug Administration, pregnancy tests, and counseling services. As a member, you may go to your PCP, directly to other Medi-Cal doctors, or any family planning agency without an approval from CHOC Health Alliance. Also, women can see an Obstetrician/Gynecologist (OB/GYN) without a referral.

AFTER HOURS AND OUT-OF-TOWN CARE (NON-EMERGENCY)

WHAT IS URGENT CARE?

Sometimes, illnesses or injuries are not emergencies, but you still need to see a doctor quickly. You may need "urgent care" services for medical problems that cannot wait for a regular office visit.

If you are not sure if you need emergency care or urgent care, call your PCP's office or CHA's Member Service Department at **1-800-424-2462** (24 hours / 7 days a week).

See attached list of Urgent Care Centers you may use as a CHA member.

WHAT IS AN EMERGENCY?

Emergency Care is for someone that has an illness or injury that most people would think might cause disability or death if medical attention is not given right away. If you are facing a life-threatening emergency, call 911 or go to the nearest hospital emergency room. Show the emergency room staff your ID cards, including your Medi-Cal ID card and CalOptima ID card.

Sometimes emergencies happen when you are away from home. "Away from

home” means you are not in Orange County or you are outside of the CHOC Health Alliance service area. If an emergency happens when you are away from home, call 911 or go to the nearest emergency room. Ask the emergency room staff to call your PCP or CHOC Health Alliance. You should also call your PCP as soon as you can to let them know what happened.

Emergency transportation

Emergency transportation is available when the member’s medical condition is life threatening.

- Call 911 for an emergency ambulance.

Non-Emergency Medical Transportation

Ambulance, litter van, or wheelchair lift van may be provided when a medical condition makes travel by ordinary public or private transportation impossible. Have your PCP request an authorization from CHA’s Prior Authorization Department. Non-emergent transportation must be pre-approved by CHA.

MEMBER COMPLAINT PROCESS

GRIEVANCE

If you are not happy with the help that you get, you can file a grievance with CalOptima. To file a grievance with CalOptima, call CalOptima’s Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088**, or write to:

CalOptima
Grievance and Appeals Resolution Services
505 City Parkway West
Orange, CA 92868

After a grievance has been filed:

- CalOptima may call you for more information.
- CalOptima will send you an acknowledgement letter within five (5) calendar days from the date your complaint was received.
- CalOptima will send you a resolution letter detailing the results of the complaint within thirty (30) calendar days from the date your complaint was received.

UTILIZATION MANAGEMENT APPEAL

If you are not happy with a decision made by CHA to not pay for, not approve, or stop a service you think should be covered or provided to you, you may ask for a review of the decision by filing a utilization management (UM) appeal. To file a UM appeal, please call CalOptima's Customer Service Department at **1-714-246-8500** or toll free at **1-888-587-8088**, Monday through Friday, from 8:00 a.m. to 5:30 p.m. Members with hearing or speech impairments can call our TDD line at **1-714-246-8523**. You can also send your appeal in writing to:

CalOptima
Grievance and Appeals Resolution Services
505 City Parkway West
Orange, CA 92868

STATE HEARING

As a Medi-Cal member, you may request a State Hearing at any time by contacting the Department of Social Services (DSS) at **1-800-952-5253** within 90 days of the incident. A Hearing is an administrative procedure at which you can present your concern directly to the State of California. If you decide to request a Hearing, you may represent yourself at the hearing or another person such as an attorney, friend, relative or any person you choose may represent you. DSS can help you obtain a Legal Aid Lawyer, free of charge, to help you with your Hearing. To file for a State hearing please write to:

California
Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

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Call **1-800-952-5253** or for the hearing impaired TDD **1-800-952-8349**