

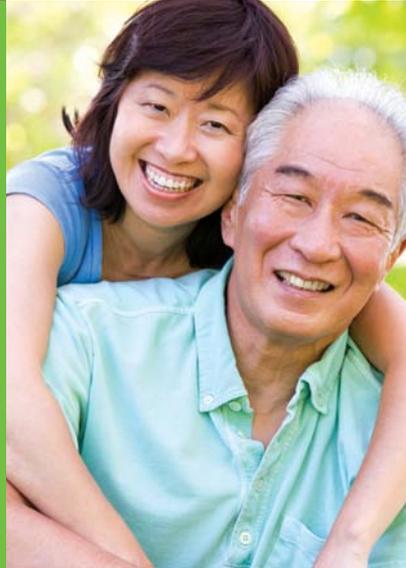


How to Use Your Health Plan

www.opa.ca.gov



*A Guide to
Getting the Most
from Your
Health Plan*



State of California
Office of the
Patient Advocate
California Health &
Human Services Agency
2013

About this guide:

This guide offers general information and tips to help you use your health plan.

We use the term “health plan” to talk about many kinds of health care coverage. You may have a health insurance policy on your own or through your job. You may have Medi-Cal, Medicare, or private insurance. You may belong to an HMO or PPO.

Different health plans have many similar benefits but may have different rules. It is best to call your own plan if you have specific questions.

Get help if you have a problem with your health plan.

HMOs and some PPOs:
1-888-466-2219

Most PPOs and fee-for-service plans:
1-800-927-4357

If you are not sure where to go:
1-866-466-8900

Produced by the California Office of the Patient Advocate,
in partnership with Health Research for Action at the University of California, Berkeley,
and with many communities throughout California.

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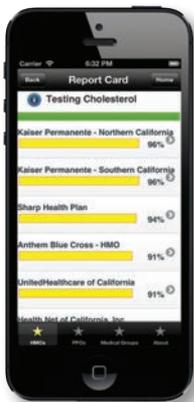
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Welcome to the



► Use OPA's mobile app to find health care quality information. Download your free "California Health Care Report Card" through iTunes or Google Play.

- The Office of the Patient Advocate (OPA) is helping Californians get the best quality care from their health plans, whether they have an HMO, a PPO, Medi-Cal, Medicare, or another kind of health plan.
- Each year OPA publishes Health Care Quality Report Cards so you can see how your plan compares.
- We also show you how to get the care you deserve and what to do if you have a problem.
- We offer free information for consumers, available in many languages.

The California Office of the Patient Advocate (OPA)

1-800-466-8900

www.opa.ca.gov

contactopa@opa.ca.gov

Office of the Patient Advocate

www.opa.ca.gov

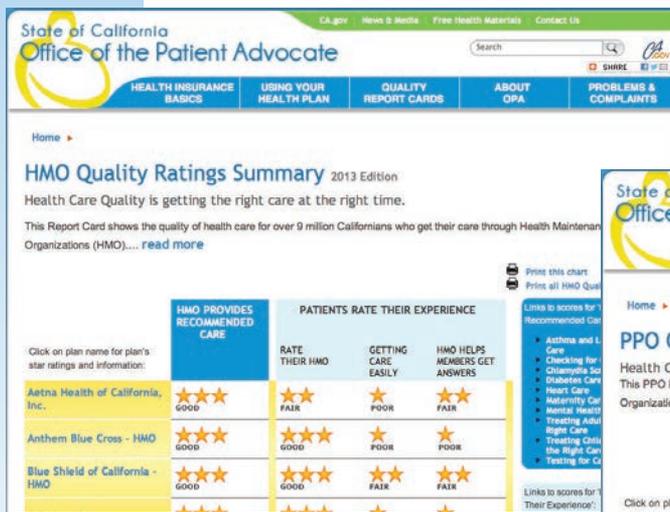
HEALTH INSURANCE
BASICS

USING YOUR
HEALTH PLAN

QUALITY
REPORT CARDS

ABOUT
OPA

PROBLEMS &
COMPLAINTS

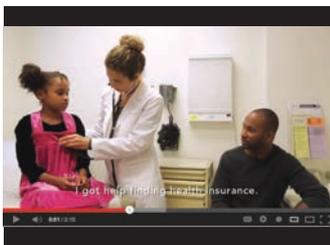


▶ HMO Quality Report Card

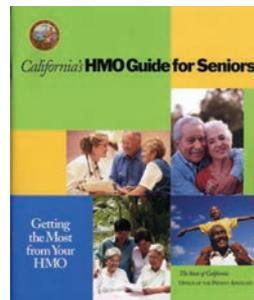


▶ PPO Quality Report Card

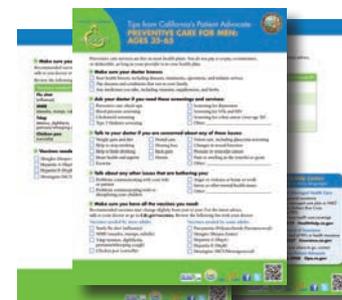
Find more resources at www.opa.ca.gov.



▶ Videos on Health Care Reform, Preventive Care, and More Topics



▶ HMO Guide for Seniors in English and Spanish



▶ Worksheets to Help You Use Your Health Plan

Kinds of Health Plans

Most Californians who have health insurance belong to an HMO or a PPO. HMO stands for health maintenance organization. PPO stands for preferred provider organization. HMOs and PPOs have different rules for getting care. In the past many people had fee-for-service insurance, but this is less common now.

Elliot's job offers two plans—an HMO and a PPO. “The HMO costs less, but I cannot see the allergist I like. With the PPO I can see the allergist, but I’d have to pay more.”



© Compassionate Eye Foundation/Robert Kent/Getty Images

Resources

Help Center

1-888-466-2219

www.healthhelp.ca.gov

Information on HMOs and PPOs.

Department of Insurance

1-800-927-4357

www.insurance.ca.gov

Information on fee-for-service plans and PPOs.

U.S. Department of Labor

1-866-444-3272

Information on health plans that are self-insured through a private employer or union.

Office of the Patient Advocate (OPA)

www.opa.ca.gov

Information on many kinds of health plans.



Why would I choose an HMO instead of a PPO?

You might choose an HMO to save on costs and avoid getting a bill or submitting a claim.

Why would I choose a PPO instead of an HMO?

You might choose a PPO because you want to keep your doctor and he is not in an HMO. Or you might want to see some specialists and other providers without having to get referrals and pre-approval first.

When I joined an HMO I had to choose a doctor. My doctor is in a medical group. What is that?

It is a group of doctors and other providers who have a contract with an HMO or PPO to give care to the plan's members. In an HMO, your primary care doctor's medical group will provide most of your care.

HMO Basics	PPO Basics
An HMO has a network of doctors, hospitals, labs, and other providers. You must usually get your care from these providers.	A PPO has a network of doctors, hospitals, labs, and other providers. These are called the preferred providers or contracted providers. You usually pay less to see preferred providers.
You cannot use out-of-network providers unless your plan gives pre-approval, you have an emergency, or you are traveling and need urgent care.	You can use out-of-network providers, but you pay more.
You must have a main doctor, called a primary care doctor .	You usually have a main doctor, called a primary care doctor .
You must get a referral from your primary care doctor for most services, like specialist care or lab tests.	Your primary care doctor gives you a referral for most in-network services. Compared to an HMO, you may be able to get more services without a referral and pre-approval.
Your HMO or your doctor's medical group must pre-approve many services.	You need pre-approval for many in-network services.
You must live or work in the area your HMO serves. This is called the service area .	You must live or work in the area your PPO serves. This is called the service area .



► Learn About Fee-for-Service Plans

- If you want to be able to go to almost any doctor or hospital in the U.S., you can buy fee-for-service (indemnity) insurance.
- Usually, you pay part of each bill and your doctor bills your insurance company for the rest. Or you pay the whole bill and send a claim to your insurance company.
- For help with a fee-for-service plan, call the **Department of Insurance** at **1-800-927-4357**.

► Learn About Self-Insured Plans

- If you work for a large employer, you may have a self-insured plan. The employer sets aside a pool of money and uses it to pay for the health care of employees.
- To learn the rules for your plan, ask your employer. If you have a plan through a private employer or union, you can get help from the **U.S. Department of Labor** at **1-866-444-3272**.
- Some health care laws do not apply to self-insured plans. But you have the right to file a grievance or appeal. To learn how, call the **Help Center** at **1-888-466-2219**.

Health Care Costs

It is a good idea to learn about your health plan's fees and rules before you need care. This can help you avoid unexpected costs and make the best use of your plan's services.



© Gene Wild/Photodisc/Getty Images

Elena joined a health plan at her new job. “I got a Summary of Benefits and Coverage for the plan. It showed the plan’s benefits and basic costs. The expected cost for getting hospital care was complicated. So I called my plan and asked them to explain it to me.”

Resources

Covered California

1-888-975-1142

www.coveredca.com

Compare and buy a health plan, starting in October 2013.

Office of the Patient Advocate (OPA)

www.opa.ca.gov

Information on health care costs.



I will need to get a health plan in 2014. How can I compare costs and get a good deal?

Covered California has a website and toll-free number. Starting in October 2013, it can help you compare plans. Visit www.coveredca.com.

Can my plan place a limit on how much they will pay for my care?

Most health plans cannot put a lifetime limit on how much care they will pay for if you get sick. And yearly limits will end in 2014.

My employer is offering a high-deductible plan, with lower premiums. Will it save me money?

Though the premiums are lower, your total costs may still be high. You will have to pay your deductible before your plan starts to pay for your care. To learn more, visit www.opa.ca.gov.

What's What: Different Kinds of Costs

You can print worksheets on "My HMO Costs" and "My PPO Costs" at www.opa.ca.gov.

Cost	What It Is
Premium	The fee you pay each month to keep your health plan. Usually you and your employer both pay a part of the premium. If you have a Medicare Advantage or Medi-Cal plan, the government pays all or part of the premium.
Co-pay or co-insurance	<p>You usually pay either a co-pay or a co-insurance each time you see a doctor, get a prescription filled, or get other services.</p> <ul style="list-style-type: none"> ● A co-pay is a flat fee, such as \$20 for each doctor's appointment. ● Co-insurance is based on the actual cost of a service. It is a percent (%) of the bill. This means that you pay more when the bill is larger. For example, if your co-insurance is 20 percent, and you get a test that costs \$3,000, you will pay \$600.
Yearly deductible	<p>The amount you must pay each year before your plan pays anything.</p> <ul style="list-style-type: none"> ● Preventive care, like vaccines, is free, even before you have paid your deductible. ● Not all plans have a yearly deductible.
Out-of-pocket limit	The most you have to pay in a year for health care services. Once you reach this amount, your plan pays most of your costs.
Out-of-network costs	<p>The amount you pay if you see a doctor or other provider who is not in the network.</p> <ul style="list-style-type: none"> ● HMOs do not pay any part of out-of-network costs, unless you have pre-approval from the plan, you have an emergency, or you need urgent care when you are traveling. ● PPOs pay what is called a "usual rate." If the provider charges more, you will probably have to pay the difference. You also pay your co-insurance.



► If You Get a Bill

Call your plan and ask for an explanation if you are not sure that you should pay a bill.

- You may get a bill for your yearly deductible or co-insurance. If you see providers outside your network, you usually get a bill for additional costs.
- If your plan says you have to pay the bill and you do not agree, you can file a complaint.

- If you are billed for emergency care, you may qualify for an appeal. Contact the **Help Center** at **1-888-466-2219**.
- For more information on costs, visit **www.opa.ca.gov**.

8 Comparing Plans

When you compare health plans, compare their quality, costs, and benefits. See if the doctors you like are in the networks of the plans. And find out what other people think of each plan.

Marion needs to enroll in a health plan at work. “I looked at the Summary of Benefits and Coverage for each plan. And I looked at the Quality Report Cards at www.opa.ca.gov. I also asked some of my co-workers which plan they liked. For me, it was important to get a doctor close to my home and to get my medicines covered.”



© Jack Hollingsworth/Photodisc/Getty Images

Resources

Covered California

1-888-975-1142

www.coveredca.com

Compare and buy a health plan, starting in October 2013.

Find Insurance

<http://finder.healthcare.gov>

Compare health plans in your area.

Office of the Patient Advocate (OPA)

www.opa.ca.gov

Compare the quality of HMOs and PPOs.



We are planning on having a baby soon. What questions should we ask about a health plan?

Ask about pregnancy and well-baby care. Find out what the costs are and which hospitals are in the plan's network. Ask what it will cost to insure your new baby.

Does quality of care really vary by plan?

Yes. You can compare quality of care at www.opa.ca.gov. You can see how well plans provide recommended care and how members rate their plans.

Where can I look for a health plan?

You can look for a plan at <http://finder.healthcare.gov>. Starting in late 2013 you can compare plans and buy a plan at www.coveredca.com.



► Compare Benefits

Starting in 2014, most new plans will cover a complete set of benefits, called essential health benefits.

However, older plans and self-insured plans may not cover the same benefits.

- Ask for a Summary of Benefits and Coverage for each plan you are considering.
- Compare benefits for the services you are likely to need.

► Compare Costs

To compare costs, look at the Summary of Benefits and Coverage for each plan.

- Starting in late 2013, you can compare costs of many new plans at www.coveredca.com.
- The cost of co-insurance can be much higher than the cost of a co-pay.
- If you go outside the network in a PPO, you usually pay a lot more.
- Look at the hospital costs. They can be high.
- Ask about the deductibles.

► Compare Providers

Call the plan or provider and ask:

- If a provider you want is in the network.
- If a doctor you want is accepting new patients.
- Which hospitals you can use.
- How to get night or weekend appointments.
- Which medical groups are in the network.
- If you usually have to see providers in your primary care doctor's medical group.
- How to see providers who are not in the network, and how much it costs.

What's Important to Me?

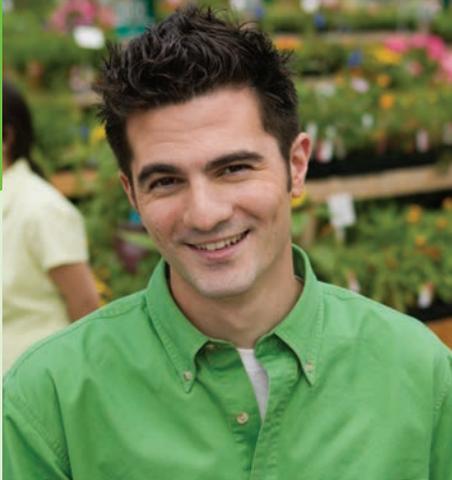
When you have to choose between plans, it can help to think about your own priorities. Check what is most important to you and your dependents.

- A low monthly premium
- Low costs to see a doctor
- Low hospital costs
- Coverage for the medicines I take
- Keeping my current doctor
- Using a certain hospital
- Being able to see any doctor I want
- High quality care for my condition
- Mental health care
- Weekend/evening services
- Other: _____

To help compare plans, print the worksheets "Ask About Benefits," "Compare HMO Costs," and "Compare PPO Costs" at www.opa.ca.gov.

Getting a Plan Through Your Job

A health plan that you get through your job is called a group plan. A group plan cannot reject you because of a health problem. Also, if your group plan is ending, there are laws that protect your right to keep your health coverage.



© Jules Frazier Photography/UpperCut Images/Ceily Images

Matt has a group plan through his job. “I added my wife and son to my plan. I have to pay a higher premium, but it costs less than buying an individual plan for them.”

Resources

Department of Insurance

1-800-927-4357

www.insurance.ca.gov

Information on PPOs and Cal-COBRA.

Help Center

1-888-466-2219

www.healthhelp.ca.gov

Information on HMOs and PPOs and Cal-COBRA.

U.S. Department of Labor

1-866-444-3272

www.dol.gov/ebsa/contactEBSA/consumerassistance.html

Information on COBRA.

Q&A

I was diagnosed with a heart problem 2 years ago. Can a group plan reject me because of it?

No. A group plan cannot reject you because of a pre-existing condition. In some cases, the plan may not pay for care for the condition for up to 6 months. However, if you have had a group plan for at least 6 months and it ended less than 60 days ago, there may not be a delay.

I lost my job. What can I do to keep my health coverage?

You may be able to continue with your group plan with COBRA or Cal-COBRA. You will need to pay the full premium. Or you can look for an individual plan. See the next chapter.



▶ **Joining a Group Plan**

- Usually you can join your employer's plan when you start a new job.
- There may be a short waiting period—3 months or less—before your new plan starts.
- You can also join a plan or change plans during your employer's Open Enrollment. This happens once a year.
- Usually, your husband, wife, or domestic partner and your children up to age 26 can be on your health plan. You may have to pay a higher premium to cover them.
- If you marry, you must add your new partner to your plan within 30 days. You have 60 days to add a new child. Otherwise, you have to wait until Open Enrollment.



Young Adults Can Stay on a Parent's Plan

A new law says that young adults up to age 26 can stay on a parent's or guardian's health plan if the plan covers dependents.

▶ **Keeping a Group Plan with COBRA**

- If your group plan ends, you can usually keep it for up to 36 months through laws called COBRA and Cal-COBRA.
- Usually you must sign up for COBRA and pay the first premium within 60 days after your group plan ends. Ask your employer about the deadlines. If you miss the deadlines, you lose your right to get COBRA and Cal-COBRA.
- Your dependents can keep your group plan through COBRA and Cal-COBRA if they no longer qualify as dependents or if you die, divorce, or start getting Medicare.
- Instead of using COBRA, you can look for an individual plan. See the next page.

Avoid a Gap in Coverage

- A gap in coverage is a period when you do not have a health plan.
- If you have a gap of more than 60 days after your group plan ends, you lose your right to get COBRA and Cal-COBRA.
- When your plan ends, you should get a Certificate of Creditable Coverage from the plan. It says how long you were covered. Keep it. You can use it to prove that you had coverage without a gap.

Buying a Plan on Your Own

A health plan you buy on your own is called an individual plan. It may cost more than a plan you get through your job (a group plan). Until 2014, an individual plan can reject you or charge you more if you are an adult and have a past or current health problem.

Brenda needed to buy an individual health plan. “I applied to several plans. However, I have a pre-existing condition—migraine headaches. Only one accepted both me and my daughter.” Starting in 2014, individual plans cannot reject Brenda or charge her more because of her condition.



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Resources

Covered California

1-888-975-1142

www.coveredca.com

Information on the individual mandate.
Help finding a health plan, starting in
October 2013.

My Health Resource

www.myhealthresource.org

Help finding health care if you do not
have insurance.



My 6-year-old son has asthma. How can I find a plan that will cover him?

Health plans cannot refuse to cover children under age 19 who have a health problem. Starting in 2014, the plan cannot charge more money to cover a child or adult with a health problem.

Do I have to buy health insurance in 2014?

Most people must have basic health coverage starting in 2014. This is called the “individual mandate.” You can learn more, or look for a new plan, at www.coveredca.com.



► Covered California

Starting in October 2013, Covered California will be a new marketplace where people can buy health plans.

- It will help you compare costs and apply for a plan.
- It will help you find out if you qualify for free or low-cost care, or for tax credits to help pay premiums.
- To buy a plan through Covered California, you must live in California and be a U.S. citizen or legal resident.
- If you buy a plan in 2013, you can start using your new plan's services on January 1, 2014.
- Learn more at www.coveredca.com.

► Getting an Individual Plan When Your Group Plan Ends

- You may be able to buy a plan through Covered California.
- Or you may be able to buy a HIPAA plan or a conversion plan. HIPAA is a federal law. Conversion coverage is a state law. Usually you need to sign up and pay the first premium within 60 days after your group plan ends. To learn the exact deadlines, ask your plan or your employer.
- If you use up your COBRA and Cal-COBRA, you may be able to buy a HIPAA plan or a conversion plan. To learn more about COBRA and Cal-COBRA, see the previous chapter. These are laws that let you buy coverage from your group health plan when your job ends.
- You can also look for low-cost health care at www.myhealthresource.org.

The Individual Mandate

The national law called the Affordable Care Act says that most U.S. citizens and legal immigrants must have basic health coverage starting in 2014.

A marketplace called Covered California will open in October 2013. It will help people compare costs and buy a health plan. Learn more at www.coveredca.com.



©Marit Forastieri/Digital Vision/Getty Images

Medi-Cal

Medi-Cal is for people with a low income. Many people who have Medi-Cal belong to Medi-Cal Managed Care health plans, which are a kind of HMO. You get the same benefits that you get in Original Medi-Cal. You also get help finding the doctors and the language assistance you need. You must use the doctors and other providers who belong to your plan.



© Todd Pearson/Digital Vision/Getty Images

Dora has Medi-Cal for herself and her children. “We use the same clinic for most care. The clinic gives us referrals to other providers when we need to see a specialist or get a test.”

Resources

Health Care Options

1-800-430-4263

www.healthcareoptions.dhcs.ca.gov

Call to change your Medi-Cal health plan.

Medi-Cal Managed Care Ombudsman

1-888-452-8609

Help if you have a problem that you cannot solve with your health plan.

Medi-Cal Mental Health Care Ombudsman

1-800-896-4042

Help finding mental health care.

Help Center

1-888-466-2219

www.healthhelp.ca.gov

Help with problems with a health plan.



Can I keep my doctor and specialist if I join a Medi-Cal Managed Care health plan?

You can only keep your doctor or your specialist if he is in your plan's network.

Can I get services in my language?

Medi-Cal must provide assistance in your language. It must pay for interpreters or find doctors who speak your language. It must provide forms and other materials in most languages.

Can I get mental health care if I have Medi-Cal?

Yes. Your doctor may provide some care. Or your doctor can refer you to your County Mental Health Agency. If you have trouble getting care, call the **Medi-Cal Mental Health Care Ombudsman** at **1-800-896-4042**.



► Ways to Qualify for Medi-Cal

Starting in 2014, Medi-Cal will cover more people, including people with incomes under \$15,000 for a single person and \$31,180 for a family of 4.

- People without children will also be able to qualify for Medi-Cal.
- Your children may qualify even if you do not.
- If you are pregnant, you may be able to qualify for emergency Medi-Cal and get services right away.
- To apply for Medi-Cal, go to your county Social Services office or visit www.dhcs.ca.gov.



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► If You Have a Problem or Complaint

If you have a problem getting the care you need, first ask your doctor to help you. If that does not work, call your health plan.

- If you are in a Medi-Cal Managed Care plan, you can get help from the **Medi-Cal Managed Care Ombudsman** at **1-888-452-8609**.
- You can file complaints through a Medi-Cal Fair Hearing. Call the **California Department of Social Services** at **1-800-952-5253**. Or call your county Medi-Cal office.
- If you have a Medi-Cal Managed Care plan, you can also call the **Help Center** at **1-888-466-2219**.

► To Change Medi-Cal Managed Care Plans

- You can change plans at any time if your county has more than one Medi-Cal Managed Care plan.
- You should use the providers you see now until you receive a membership card for your new plan.
- To change plans, call **Health Care Options** at **1-800-430-4263**.

Mary's mother takes her to the doctor for regular check-ups. These are called "well child" visits. Mary's doctor makes sure she is growing up as healthy as possible. He updates Mary's shots, checks her height and weight, and gives her a physical exam at no cost.

Medicare Advantage Plans

Most seniors have Medicare. Some younger people with disabilities also have Medicare. Some people have Original Medicare, which is fee-for-service coverage. Other people have a Medicare Advantage HMO or PPO. These are private health plans.

Mrs. Matsumoto is thinking about joining a Medicare Advantage HMO. “I called HICAP and met with a counselor. She explained how the HMOs work and gave me a list of all the plans in my area.”

HICAP is the Health Insurance Counseling and Advocacy Program. It provides free help and advice for all Medicare members as well as people who will soon have Medicare.



© Steve Mason/Photodisc/Getty Images

Resources

HICAP (Health Insurance Counseling and Advocacy Program)

1-800-434-0222

www.aging.ca.gov/hicap

Help for Medicare members.

1-800-MEDICARE

1-800-633-4227

www.medicare.gov

Information and help with Medicare.

HSAG

1-800-841-1602

www.hsag.com

Call if your hospital, home health, nursing home, or rehab care is ending too soon.



If I join a Medicare Advantage plan, will I have the same benefits I would have in Original Medicare?

Yes. Many plans also have prescription drug coverage. And you may have extra benefits, such as hearing, dental, or eye exams.

I have a low income. Can I get help paying for Medicare?

You may qualify for both Medicare and Medi-Cal. Medi-Cal can help pay some of your costs. Also, Medi-Cal covers long-term care. To learn about Medi-Cal and other programs for Medicare members with low incomes, call **HICAP** at **1-800-434-0222**.



► Medicare Parts A, B, C, and D

- Part A covers hospital care and is usually free for people who are on Social Security.
- Part B covers other care, such as doctor care and lab tests. You pay a monthly premium for Part B. It is usually taken out of your Social Security check.
- Part C is Medicare Advantage. If you have Part C, you get your Medicare benefits through a private health plan.
- Part D is prescription drug coverage. You pay a premium to a private drug plan or Medicare Advantage plan for this coverage. If your Medicare Advantage plan offers drug coverage, you cannot buy a separate drug plan.
- Part B and Part D premiums are higher for individuals with incomes over \$85,000 and couples with incomes over \$170,000.

► How to Join, Change, or Leave a Medicare Advantage Plan

There are many rules about these changes. For help, call **HICAP** at **1-800-434-0222** or visit **www.medicare.gov**.

- Do not leave your old plan until your new plan starts.
- You can join a plan when you first get Medicare. After that, you can join, change, or leave a plan between November 15 and December 31 each year, and in certain situations such as when you move or retire.
- You can leave a Medicare Advantage plan and return to Original Medicare between January 1 and March 31 each year.
- To return to Original Medicare, call **1-800-MEDICARE**. Ask about buying a Medigap policy and a Part D drug plan. A Medigap policy helps pay for costs and services that Original Medicare does not cover.

If You Have a Problem with Medicare

- For help, call **HICAP** at **1-800-434-0222**.
- First, try to talk it over with your doctor.
- If your plan does not cover a drug you need, you or your doctor can call your plan and ask them to cover the drug. If your doctor asks for an expedited review, the plan must reply in 24 hours. In other cases, the plan has 72 hours to reply.
- If your plan denies, delays, or stops treatment, file an appeal with your plan. Your plan must reply in 7 days, or 3 days if you file an urgent or expedited appeal.
- If your hospital, home health, nursing home, or rehab care is ending too soon, call **HSAG** at **1-800-841-1602**.

Your Primary Care Doctor

In most health plans, you must have a primary care doctor. This doctor is also called your PCP, or primary care provider. Your primary care doctor oversees your care and refers you to the other services you need.



© Digital Vision/Getty Images

When **Walter** changed his HMO, he needed to choose a new doctor. “I asked my plan for a list of doctors and called several. I looked for one who had experience caring for my heart problem. Then I made a new-patient appointment. The doctor listened carefully and explained things in a way I could understand, so I chose her as my doctor.”

Resources

Medical Board of California

1-800-633-2322

www.mbc.ca.gov

Check a doctor’s license and history of complaints.

Provider Directory

A Provider Directory lists all the doctors and other providers in a plan’s network. Ask your plan for a Provider Directory, or look on your plan’s website.



Do I need to choose a doctor?

Usually, yes. If you do not choose a doctor, your health plan usually chooses one for you.

Can I change my doctor?

Yes. Just call your health plan.

What is a medical group?

This is a group of primary care doctors, specialists, and other providers. In some plans, you can only go to providers in your medical group.

Who can be a primary care doctor?

There are four kinds of primary care doctors:

- Family doctors care for people of all ages.
- Internists care for adults 18 years and older.
- Pediatricians care for children and teens.
- Gynecologists care for women.

TIPS

► **Choosing a Doctor**

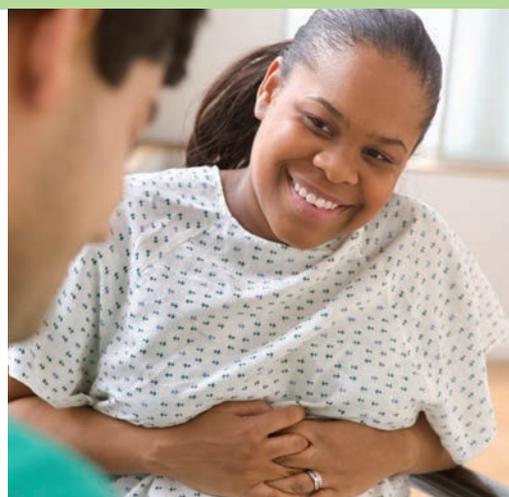
To get a list of doctors, call your health plan. You can ask for a list of doctors who speak your preferred language. Before you choose a doctor, ask:

- Is the doctor taking new patients?
- What is the doctor’s medical training?
- Does the doctor have experience with my conditions or concerns?
- Which hospital does the doctor use?
- How long does it usually take to get an appointment?
- Can I get evening or weekend appointments?

You can print a worksheet “Choose a Doctor” at www.opa.ca.gov.

Keeping a Doctor You Have Now

If you change plans or your doctor leaves your plan, in some cases you can keep your doctor for a limited time. You may be able to do this if you are scheduled for surgery or another procedure, you have an acute condition, or you are in the last 3 months of pregnancy. This is called *continuity of care*. Call your plan for information.



© Jose Luis Pelaez, Inc./Blend Images/Getty Images

Make the Most of Your Doctor Visits

Most visits are short. Make every minute count. You can print a worksheet “Make the Most of Doctor Visits” at www.opa.ca.gov.

Bring to my visit

- My health plan membership card and a photo ID
- A list of my questions and concerns
- A list of my medicines and the doses
- Someone to help listen, ask questions, and take notes
- Other:

During my visit

- Review questions and concerns with my doctor.
- Ask my doctor to write down my diagnosis or treatments.
- Ask about the preventive care I need, such as shots and screenings.
- Review my medicines.
- Get copies of test results.
- Other:

Follow-up care I need

- Paperwork for tests
- New prescriptions
- Names and phone numbers for referrals
- Follow-up appointment
- Other:

Referrals & Pre-Approval

When you need care from a specialist or another provider you usually need a referral from your primary care doctor. Often, your health plan or your doctor's medical group must pre-approve or pre-authorize the referral before you can get it.

Bob's diabetes was not under control, so his doctor referred him to a specialist. His health plan had to pre-approve the referral.



Resources

Help Center

1-888-466-2219

www.healthhelp.ca.gov

Learn about "timely access."
If you have an HMO, or some Blue Cross and Blue Shield PPOs, there are limits on how long you have to wait to get appointments.



Do I need a referral if I am seriously ill and want to see a specialist?

In many plans, if you are not in immediate danger, you need a referral and pre-approval. Ask your doctor for an expedited referral. Most health plans must decide in 3 days.

Do I always need a referral?

No. Women may see a gynecologist in their health plan's network without a referral. If they are pregnant, they may see an obstetrician without a referral. Ask your doctor or plan about other services you can get without a referral or pre-approval.

How do I know if I need pre-approval?

Ask your doctor or call your plan.



▶ **Getting a Referral**

- Usually you need a referral to see a specialist or other provider, such as a physical therapist.
- You also need a referral for most medical tests.
- Your primary care doctor usually writes the referral.
- For some kinds of care, your doctor must submit the referral to your health plan or medical group for pre-approval.
- Your doctor gives you the referral or faxes it to the specialist.

▶ **Getting Pre-Approval**

- You need pre-approval for most referrals.
- Your medical group or health plan gives pre-approval.
- Your doctor should submit the referral for pre-approval. She must say why you medically need the care.
- It usually takes about 5 business days to get pre-approval, or 3 days if your problem is urgent.
- You will get a letter saying whether pre-approval was given or denied.
- Sometimes your doctor will need to send more information before the plan can decide.

▶ **If the Referral Is Denied**

- First, talk to your doctor. He may be able to send more information to show why you need the referral.
- You can file a complaint with your plan. See pages 50–51.
- Your plan may say that you do not need the referral because it is not medically necessary or because the service you want is experimental or investigational. In these cases, you may qualify for an Independent Medical Review (IMR). An IMR is also called an external appeal. In an IMR, independent doctors review your case, and your plan must do what they decide. See pages 52–53.



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Standing Referrals

Bill needed ongoing care from a physical therapist. He asked for a standing referral. A standing referral allows you to see a specialist without getting a referral from your primary care doctor for every appointment. Your medical group or the health plan usually has to approve a standing referral.

Choosing Treatments

Most treatments have both benefits and risks. To make the best choice, ask questions. Learn about your condition and your options for treatment. Then work with your doctor to decide on a treatment plan.



© Mel Curtis/Digital Vision/Getty Images

When doctors found a small aneurysm in **Joanne's** brain, she had to decide what to do. Her doctor told her about her treatment choices. She researched the choices and then made a decision. "All the treatments had benefits and risks. But being actively involved helped me feel good about my decision."

Resources

Cancer Information

1-800-422-6237

www.cancer.gov

Information on cancer treatments.

Clinical Trials

www.clinicaltrials.gov

Information on current clinical trials.

Healthfinder

www.healthfinder.gov

An introduction to health care information on the Internet.

Mayo Clinic

www.mayoclinic.com

Easy-to-understand information on many health topics.

Medline Plus

1-888-346-3656

www.medlineplus.gov

Find health information online or with telephone assistance.



The specialist I saw recommends chemotherapy for my cancer. Can I get a second opinion?

Yes. You have a right to get a second opinion about a diagnosis or treatment plan. Ask your doctor or plan for a referral.

What can I do if my health plan says it will not pay for the treatment my doctor recommends?

You can file a complaint with your plan. If your health problem is urgent, you can ask for a faster review.

What are clinical trials?

They are studies to test how well new treatments work and how safe they are. Normally, your doctor and health plan offer standard, well-tested treatments. Clinical trials offer experimental treatments. Ask your doctor about both standard treatments and clinical trials. To learn more, visit www.clinicaltrials.gov.



► Before You Agree to Treatment

- You usually have to sign a consent form. It says that you agree to the treatment.
- Before you sign, be sure you understand what is being done and why.
- You can ask for the form in your language or in large print, audio, or Braille.
- Take time to decide. Try not to make important decisions when you are stressed or sleepy.
- Get a second opinion if you are not sure. Ask your doctor for a referral to another specialist.
- You have the right to refuse treatment for yourself.

Questions to Ask Your Doctor About Treatments

- What are all the possible treatments?
- Which treatments are most likely to help?
- Which are least likely to help?
- How will I know if a treatment is working?
- What are the risks and benefits of each treatment?
- What are the side effects of each treatment?
- How long will each treatment take?
- How long will it take to recover from each treatment?
- How much will each treatment cost me?

Learn More About Treatments

- Visit your local library or the library at a medical school or hospital.
- Ask your doctor for brochures or information on your treatment.
- Look on the Internet. Good places to start are www.healthfinder.gov, www.mayoclinic.com, and [www.medlineplus](http://www.medlineplus.gov).

Language Assistance

You have the right to have an interpreter each time you get health care. This includes doctor visits, lab tests, counseling, and other care. You can also request an interpreter when you need to talk to your child's doctor.

Loretta asked her health plan, her pharmacy, and her family's doctors to make a note of her need for language assistance. "So when I go to my pharmacy they always give me the written instructions in Spanish. I speak some English, but when it comes to my family's health, I feel more comfortable with Spanish."



© Yellow Dog Productions/Digital Vision/Getty Images

Resources

Contact Your Health Plan

Call the Customer Service or Member Services number on your membership card.

Health Consumer Alliance

www.healthconsumer.org

Fact sheets on low-cost health care, in many languages. Click on "Publications."

Office of the Patient Advocate (OPA)

www.opa.ca.gov

Watch videos on your right to an interpreter.



Do I have a right to an interpreter at no cost?

You have this right in most health plans, including Medi-Cal and Medicare. If your plan is self-insured you may not have this right.

What if my doctor's office will not provide an interpreter?

Call your health plan and explain the problem. If they do not solve it, you can file a complaint with your plan. If that doesn't help, you can file a complaint with an outside agency. See page 53.

Can I have my adult daughter with me as well as an interpreter?

Yes, you can have a relative or friend with you. Make sure you also ask for a medical interpreter. They are trained to translate accurately and keep your information private.

TIPS

▶ Ask your health plan.

- Ask your health plan to put your interpreter request in your file.
- Ask for information written in your language.
- Ask for a list of doctors who speak your language.
- Ask for clinics that have office and nursing staff who speak your language.

▶ Ask each doctor's office.

- Ask your doctor to put your interpreter request in your records.
- Ask for an interpreter when you make your appointments.
- Ask for information, such as consent forms, in your language.

▶ Ask your pharmacy.

- Ask for labels and other information in your language. Some pharmacies can provide this.
- Ask the pharmacy to put your language request in your records.



© Kathy Sloane

Jason is deaf and uses sign language. He asked his doctor to arrange for a sign language interpreter.

See a video on your right to a sign language interpreter at www.opa.ca.gov.

Ask for Important Documents Translated into Your Language

Document	Examples
Consent forms and other forms you need to sign	A consent form explains a treatment or procedure (like surgery or an X-ray). You must sign it. Whenever you need to sign a form, you should ask for it written in your language.
Treatment directions	These may tell you how to prepare for surgery or fast for a blood test.
Information about your medicines	This tells you how to take medicine safely, including side effects to watch for and foods or medicines to avoid.
Information on your benefits	Your health plan's Summary of Benefits and Coverage explains what your plan pays for and what you have to pay.

Disability Assistance

If you have a disability, health plans must work to remove or reduce the physical or communication barriers that make it hard for you to get the care you need. Look for a doctor who understands your disability and will help you get the services you need. You can file a complaint if you can't get these services.



© Kathy Sloane

Janine needs an exam table she can use with her wheelchair. “My plan helped me find a doctor who has an exam table that can be raised and lowered so I can get on and off it.”

Resources

AT Network

1-800-390-2699

www.atnet.org

Information on equipment and assistive technology for people with disabilities.

California Foundation for Independent Living Centers

1-916-325-1690

www.cfilc.org

Resources for people with disabilities.

Disability Rights California

1-800-776-4776

www.disabilityrightsca.org

Legal information and assistance for people with disabilities.

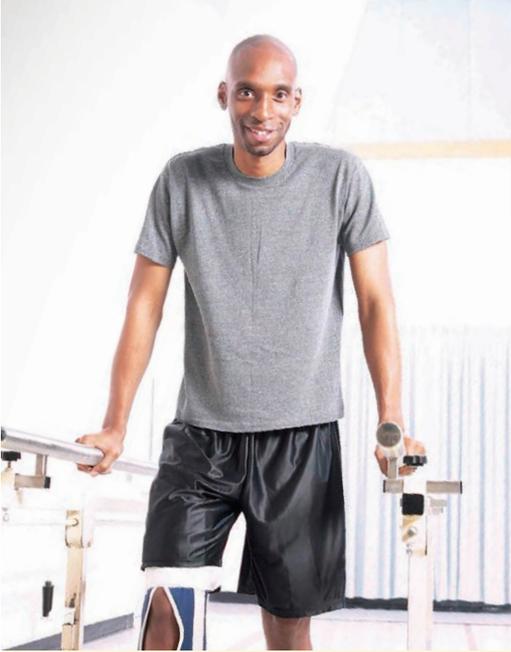
Q&A

I was referred to a specialist, but I cannot get into his office. What can I do?

Your health plan must find a doctor whose office is accessible to you. And they must pay for this specialist even if he is not in the plan's network. Call your plan and be firm about what you need.

Can I get an interpreter if I am deaf?

You have the right to a sign language interpreter. Ask for one when you make an appointment. Do not rely on lip reading. Even good lip readers can have trouble with medical terms.



► Know Your Rights

If you have a disability, the Americans with Disabilities Act (ADA) protects your right to:

- Have accessible and usable medical equipment at a provider’s office or facility. For example, you have the right to access scales, exam tables, and diagnostic medical equipment such as mammography and MRI machines.
- Have most physical barriers removed that make it hard for you to use your health care services.
- Have extra time for visits if you need it.
- Get health information you can use if you are deaf, blind, or have low vision.
- Take your service animal into exam rooms with you.

Ed tried several doctors before he found one who understood his disability and would help him get the referrals and the specialist care he needed.

What Assistance Do I Need?

Check everything that you need in the lists below. Before your appointment, talk to the doctor’s office about the things you checked. Also, ask your doctor to keep a copy in your medical records. You can print worksheets on “Communication Assistance” and “Physical Access” at www.opa.ca.gov.

Communication assistance

- A support person will be with me. However, please speak directly to me.
- Please use “everyday” language and pause often.
- Please face me when you speak.
- Please speak loudly so I can hear what you are saying.
- Please try to explain things using pictures, models, or demonstrations.
- I need extra time to respond and to ask questions.
- I have trouble taking notes, so I need to record what you say.
- I need a sign language interpreter.
- I need help with forms and instructions.

Physical access

- I need to be able to get to your building and into your office in a wheelchair.
- I need an accessible bus stop or parking space.
- I need an accessible restroom.
- I need an exam table that adjusts up and down.
- I need assistance getting on and off the exam table.
- I use a service dog, so please alert anyone who may be allergic to or frightened of dogs.
- I have life-threatening or health-threatening reactions to these products: _____

Adapted with permission from June Isaacson Kailes, Associate Director CDHP.

Your Benefits

Starting in 2014, new plans must cover the benefits that are listed on the next page. These are called essential health benefits. To find out what your health plan covers, ask for a Summary of Benefits and Coverage.

Robert says, “Our son needed eye surgery, so we asked our plan to send us information on what it covers. They sent a document called a Summary of Benefits and Coverage. They also sent a plan handbook.”



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Resources

Contact Your Health Plan

Call the Customer Service or Member Services number on your membership card.

Office of the Patient Advocate (OPA)

www.opa.ca.gov

Ratings on the quality of services and patient experiences in health plans.



My health plan covers many benefits. Can I really use them?

You can use any benefit that you medically need for your health care. If you and your doctor or plan disagree about what you need, you can file a complaint with your plan.

I changed jobs. I still have the same plan, but my costs and some benefits are different. Why is that?

The same insurance company can offer different benefits packages with different costs. Your benefits package is all the services covered under your employer’s plan. For example, one benefits package may include eyeglasses, but another may not. And your costs may be different.



► Know the Essential Health Benefits

Starting in 2014, most health plans must offer the health benefits listed below, called essential benefits.

- Children's services, including dental and vision care
- Preventive and wellness services
- Chronic disease management
- Doctor and specialist care
- Emergency services, even if you are outside your health plan's service area
- Hospital services, including inpatient care with an overnight stay and outpatient care when you do not stay overnight
- Lab services
- Maternity and newborn care
- Mental health and substance abuse services
- Prescription drugs
- Rehabilitation services and equipment

► Additional Services

Ask your health plan about these services:

- A member/customer service helpline
- A 24-hour advice nurse helpline
- Health education programs
- Wellness programs



Ask Your Plan for the Details

Even if your plan covers all the essential health benefits, you should ask for the details. For example, ask which prescription drugs and medical supplies are covered.

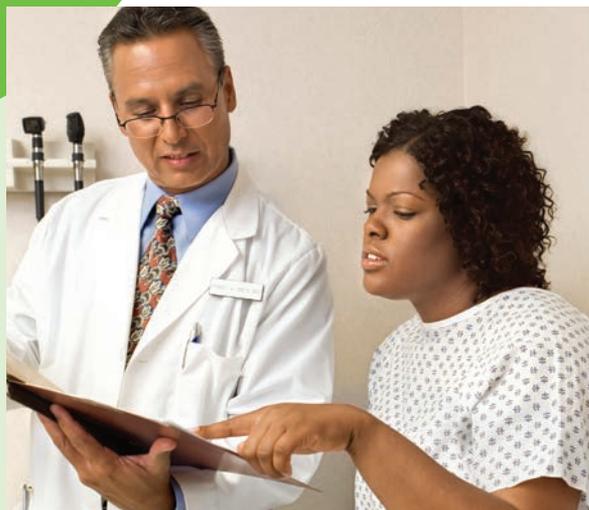
Compare the Quality of Services and How Patients Rate Their Experiences

OPA publishes yearly reports on health care quality. To view the Quality Report Cards, visit www.opa.ca.gov. You can use the reports to:

- Compare quality of care for diabetes, asthma, and other conditions.
- Compare plan services, like getting questions answered and dealing with billing problems.
- Compare how members rate their plans.

Preventive Care

Preventive care includes exams, check-ups, and tests that help you and your doctor prevent health problems or find them before they become serious. Many plans now cover preventive care without a co-pay or other cost for you. Ask your plan for a schedule of recommended preventive care. Then discuss it with your doctor.



Diabetes runs in **Martha's** family. She wants to take actions to stay healthy. Her health plan will help her with free preventive care like blood sugar tests and counseling on healthy eating and being physically active. These are important steps to staying healthy.

Resources

CDC Info

1-800-232-4636

www.cdc.gov/vaccines

Guidelines for immunizations.

Healthfinder

www.healthfinder.gov/healthcarereform

Learn about free preventive care services.

KidsHealth

www.kidshealth.org

Information on children's health.

My Family Health Portrait

www.hhs.gov/familyhistory/

Organize and print your family's health history.



Which preventive care services are free?

Many preventive care services are free. Many plans must provide these services with no deductible, co-pay, or co-insurance costs. Ask your plan for a list or visit www.healthfinder.gov/healthcarereform.

I'm just 28 and my health is good. Do I really need regular check-ups and routine tests?

Yes. Even younger adults need check-ups and screening tests. Talk to your doctor about a schedule for your preventive care.



▶ Exams and Routine Tests

- The exams and tests you need depend on your age, sex, and family medical history, as well as your own health.
- If you are at risk for a disease or condition, your doctor will want to start screening you at a younger age and do tests more often.
- Talk to your doctor and agree on a schedule that works for you.

▶ Your Medical History

Tell your doctor about:

- Illnesses, treatments, and operations you have had.
- All the drugs, vitamins, herbs, and over-the-counter medicines you take.
- Your typical diet and physical activities.
- Your family's health problems. Visit www.hhs.gov/familyhistory/ for help creating a family medical history.



Preventive Care

View a video on free preventive care services under health reform. And print these worksheets at

www.opa.ca.gov:

- Prenatal Care
- Care for Children
- Care for Men 18–34
- Care for Men 35–50
- Care for Women 18–34
- Care for Women 35–50
- Care for Adults 50+
- My Health History

Preventive Care: Common Issues

Check the issues you want to discuss with your doctor or your child's doctor.

- | | | |
|---|--|--|
| <input type="checkbox"/> Regular check-ups | <input type="checkbox"/> Dental and vision care for children | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Shots and immunizations | <input type="checkbox"/> Help to stop drinking | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Help to stop smoking | <input type="checkbox"/> Anxiety, stress, or anger |
| <input type="checkbox"/> Blood sugar screening | <input type="checkbox"/> Weight control | <input type="checkbox"/> Problems communicating with or disciplining your children |
| <input type="checkbox"/> Cholesterol screening | <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Problems communicating with your spouse or partner |
| <input type="checkbox"/> Cancer screening | <input type="checkbox"/> Lack of physical activity | <input type="checkbox"/> Violence in the family |
| <input type="checkbox"/> Vision care and glaucoma screening | <input type="checkbox"/> Injuries caused by exercise | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Birth control | <input type="checkbox"/> Osteoporosis | |

Drugs, Supplies & Equipment

In 2014, more plans will cover prescription drugs and medical supplies and equipment. It is important to ask your plan exactly what it covers and what you have to pay. Most HMOs and PPOs already cover diabetes supplies, as well as asthma supplies for children.

Hanna's dad is showing her how to test her blood sugar level. "When Hanna was diagnosed with diabetes, I found out that many health plans must cover diabetes supplies like test strips and blood glucose monitors. And since our plan covers prescription drugs, it also pays for Hanna's insulin."



© Stockbyte/Getty Images

Resources

Best Buy Drugs

www.consumerreports.org/health/best-buy-drugs/index.htm

Information to help you choose drugs that are safer and more effective, but have lower costs.

FDA

1-888-463-6332

www.fda.gov/drugs/resourcesforyou/consumers

Information on buying and using drugs safely.



Why does my health plan give me generic drugs?

Generic drugs cost less than brand names. When the patent on a new drug ends, other companies make the drug at a lower cost. It has the same basic ingredients.

My health plan stopped covering the drug I was taking. Can they do that?

Yes. The drugs your plan covers can change because of new research and changes in costs. If your doctor can explain why you need a certain drug, your plan may continue to cover it for you.

I need a wheelchair. Will my health plan cover it?

Ask your plan what is covered and how much you would have to pay. Even if medical equipment is covered, your doctor needs to explain why the wheelchair is necessary for your health. She may refer you for an evaluation. If your plan denies your request, you can file a complaint.



► If You Have Prescription Drug Coverage

- Your plan usually has a formulary. This is the plan's list of preferred drugs.
- The formulary may have different levels with different costs. Generic drugs usually have a lower co-pay than brand-name drugs.
- You must fill your prescriptions at a pharmacy that is in your plan's network.
- If you want a drug that is not on the formulary, you must first get pre-approval from your plan. Or you can pay for it yourself.

► Keep Drug Costs Down

- When your doctor gives you a prescription, ask if your health plan covers the drug or a similar drug.
- Ask for generic drugs. Usually they cost less than brand-name drugs.
- Ask your doctor or pharmacy about discounts for people with low incomes.
- Ask your plan how to order ongoing prescriptions by mail. They usually cost less, and you may be able to order a 3-month supply.
- If you do not have prescription drug coverage, compare costs. Check out discount, mail order, and online pharmacies.
- Compare drug costs at www.consumerreports.org/health/best-buy-drugs/index.htm.

Supplies and Equipment

Benefits for supplies, like blood sugar test strips and syringes, or for equipment, like walkers, respirators, and wheelchairs, vary from plan to plan.

- Ask your doctor or plan what is covered.
- Also ask if there are limits on what the plan will pay.
- Ask which providers or stores you can use.
- Many health plans must cover most home care supplies for diabetes as well as asthma supplies for children.
- If your plan will not approve your doctor's request for equipment or supplies, you can file a complaint.

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Drug costs vary. If you do not have prescription drug coverage, compare prices from different pharmacies.

Medicine Safety

Health care treatments often include prescription medicines. Problems with drug interactions and side effects are common. But there are many things you and your doctor can do to help prevent problems.



© Stockbyte/Getty Images

Lisa was struggling with severe allergies. One medicine made her mouth too dry, and another made her too sleepy to work.

Lisa talked to her doctor, who suggested that she try a third medicine. “I finally found a medicine that I could live with.”

Resources

Drug Digest

www.drugdigest.org

Check drug interactions.

FDA

1-888-463-6332

www.fda.gov/drugs/resourcesforyou/consumers

Information on drugs, vitamins, and herbs.

Healthfinder

www.healthfinder.gov

Information on drug safety.



What can I do to avoid problems with drug interactions?

Ask your doctor to check for interactions. Also, fill all your prescriptions at one pharmacy. Make sure the pharmacy uses a computer to check interactions. You can also check online at www.drugdigest.org.

I feel like I take too many medicines. What can I do?

Make a list of all the medicines you take. Then show the list to your doctor. Ask if you could stop taking any of the medicines.

TIPS

► **Talk to Your Doctor**

- Tell your doctor all the medicines you take, including vitamins and over-the-counter drugs.
- Explain any allergies or bad reactions you have had to medicines.
- Tell your doctor if a medicine is not helping.
- Tell your doctor if you have a problem with side effects.
- Ask how to take a new medicine.
- Ask about side effects, risks, and benefits.
- Ask about drug interactions.

► **When You Pick Up a Prescription**

- Make sure it is the correct medicine and the correct dose.
- Review the directions for taking the medicine with a pharmacist.
- Ask if it is safe to use with other medicines you take.
- Review the side effects you need to watch for.

Take Medicines as Directed

- Take the dose listed on the bottle.
- Do not skip doses or split pills unless your doctor tells you to.
- Take the medicine for as long as the prescription says.
- Don't use medicines after their expiration date. This date is printed on the label. Ask your pharmacy about safe drug disposal.
- Use a pill organizer to keep track of your medicines.



My Medicines

Show this list to your doctor. Keep a copy in your wallet. You can print a worksheet "My Medicines" at www.opa.ca.gov. The form also lets you list any medicines you are allergic to.

Name of drug	Dose	When and how often you take it
Example: Lisiprinol	10mg	1/day
Calcium	200mg	2/day with meals
.....
.....
.....
.....

Seeing a Specialist

A specialist is a doctor who has extra training in one area of medicine, such as heart care or cancer treatment. To see a specialist, you usually need to have a referral from your primary care doctor. Your medical group or health plan usually has to approve the referral.

Mona hurt her ankle in an accident and is having trouble walking. “My primary care doctor referred me to an orthopedist—a bone specialist—who evaluated the problem and recommended 6 physical therapy appointments. Before I made the appointments, I asked about the fees and if I would need pre-approval from my plan.”



© Andersen Ross/Digital Vision/Getty Images

Resources

American Board of Medical Specialties

1-866-275-2267

www.abms.org

Find out if a specialist is board certified.

Contact Your Health Plan

Call the Customer Service or Member Services number on your membership card.



What if I cannot get the referral I want?

If you ask for a referral and you do not get it, your doctor or plan should tell you why. If you disagree, you can file a complaint with your health plan. See pages 50–51.

I have severe allergies. Can I see an allergist regularly?

Ask your primary care doctor for a standing referral to an allergy specialist. A standing referral allows you to go to a specialist without getting a new referral each time. See page 21.

TIPS

► How to Get Specialist Care

- Ask your primary care doctor for a referral.
- Your medical group or the health plan may have to pre-approve the referral. See pages 20–21.
- In an HMO, the specialist must be in the HMO's network, and is usually in your doctor's medical group.
- You can ask for a referral to a specialist outside your HMO's network if there is no specialist in the network who can give you the care you need, or you have to wait too long for an appointment. You will need pre-approval from the health plan.
- In a PPO, you can see specialists outside the network, but you may need to pay more.

► Finding a Specialist

- Ask your doctor to recommend specialists.
- Look in your health plan's Provider Directory or go to its website.
- If you need a treatment or procedure that is risky, ask your doctor for more information. Look for a specialist who has done it many times.
- To find out about a specialist's training and certification, visit www.abms.org.



© Jose Luiz Peleaz Inc./Blend Images/Getty Images

Usually, a specialist will order an X-ray or other test and then report back to your primary care doctor.

Make the Most of Your Specialist Care

- Before you go to the specialist, ask your primary care doctor what to expect.
- Make sure that your primary care doctor gets copies of the specialist's reports.
- Make sure all your providers know all the medicines you take.
- Make sure you still go to your primary care doctor for all your routine care.

If You Have a Chronic Condition

A chronic condition is a health problem that can be managed but usually not cured. Diabetes, arthritis, high blood pressure, and heart disease are common chronic conditions. You and your doctor will make a treatment plan to manage your condition. Many plans offer classes, telephone coaching, and other services to help people manage chronic conditions.



© Steve Mason/Photodisc/Getty Images

Fred has heart disease and high blood pressure. “My doctor and I agreed on a treatment plan. I take 2 medicines and try to eat a low-salt diet. I also walk for 30 minutes on most days. It’s hard to do everything, but my blood pressure has come down. That makes me want to keep trying.”

Resources

American Chronic Pain Association

www.theacpa.org

American Diabetes Association

www.diabetes.org

American Heart Association

www.americanheart.org

American Lung Association

www.lungusa.org

Arthritis Foundation

www.arthritis.org

California AIDS Hotline

www.aidshotline.org



My condition will never get better. Will my health plan still cover treatment?

Yes. Your plan must cover services that you need to keep your condition stable or prevent it from getting worse.

I have diabetes. My doctor wants me to lose weight and exercise more. How can I make such a big change?

Change is easier with support. Look for support from family and friends. Also, ask your plan about health education programs and wellness coaching. Many national organizations have local support groups or other tools to help you.

TIPS

► Learn About Care for Your Condition

- Ask what services and education programs your health plan offers for people with your condition.
- Visit **www.opa.ca.gov**. The Quality Report Cards tell you how well California HMOs, PPOs, and medical groups meet national standards of care for many chronic conditions.
- The Quality Report Cards also tell you why meeting these standards is important. You can use this information to talk to your doctor about your care.

► Work with Your Doctor

- Discuss your treatment plan with your doctor. It should include care to keep your condition from getting worse and treatments to improve it. It should also be a program you can stick with.
- Ask your doctor who will be on your medical team and when you will see each member of the team.
- Tell your doctor if your symptoms change, your treatment plan does not seem to be working, or you have trouble following it.



© Stephen Derr/Photodisc/Getty Images

Gloria’s daughter has asthma. Gloria used the Quality Report Cards at **www.opa.ca.gov** to compare asthma care for children.

Learning New Habits

Your doctor may ask you to make changes in diet, exercise, and other habits. Change can be hard—so try starting with small steps. You can print a worksheet “Learning New Habits” at **www.opa.ca.gov**.

New habit	Barriers to change	Small steps that I can try
Example: Take medicine regularly.	<i>I forget to take pills.</i>	Set alarm to remind me to take pills. Put pills next to breakfast cereal.
Example: Eat less fat.	<i>I usually eat lunch out.</i>	Order lower fat foods, such as chicken without the skin or salads with dressings on the side.
Other:		
Other:		

Emergency & Urgent Care

In an emergency, call **9-1-1** or go to the nearest emergency room. Most health plans cover emergency anywhere in the U.S.



“Our daughter **Mia** got a bee sting and I was worried about the swelling. It was on a Sunday. I called my health plan’s advice nurse and she said I should go to the emergency room. They examined Mia and gave me a prescription for her.”

Resources

9-1-1

Call **9-1-1** in an emergency. Say your name and where you are. Do not hang up until the operator tells you to.

Contact Your Health Plan

Call the Customer Service or Member Services number on your membership card.

Poison Action Line

1-800-222-1222

www.calpoison.org

Emergency help for victims of poisoning.



What is emergency care?

Emergency care is care you need right away because you reasonably believe your health is in serious danger. Emergencies include a bad injury, severe pain, a sudden illness or one that is quickly getting worse, and active labor.

What is urgent care?

Urgent care is care you need soon, usually within 24 hours. An earache or sprain might need urgent care. These problems need attention soon, but they do not put your health in serious danger.

What if I have an emergency and go to a hospital that is not in my plan’s network?

Your plan should cover emergency care anywhere in the U.S. You should call your health plan within 24 hours or as soon as you can. You may be moved to a hospital in your plan’s network when it is safe to do so.



▶ What to Do in an Emergency

- Call **9-1-1** if you have an emergency and you cannot safely get to an emergency room by car.
- You can go to the nearest hospital emergency room. It does not have to be part of your health plan.
- Try to take your membership card with you.
- If you are not sure it is an emergency and there is time, call your doctor or health plan.

▶ What to Do if You Need Urgent Care

- If your health plan has an urgent care clinic, call the clinic or go directly there.
- If you are not sure what to do, call your primary care doctor or your health plan and ask what to do.

▶ If You Are Away from Home

- Take your membership card with you.
- If you have an emergency, call **9-1-1** or go to the nearest emergency room.
- If you need follow-up care, call your doctor.
- Ask your health plan what to do if you need care when you are traveling and it is not an emergency.

Ambulance Services

Health plans only pay for an ambulance when it is an emergency or when your doctor says you need an ambulance and the plan pre-approves it.

Know What to Do Ahead of Time

- Learn your plan’s rules for getting emergency or urgent care.
- Ask your doctor or plan.
- Look in your plan handbook or Evidence of Coverage (EOC).

My Emergency Contact List	
You can write your important numbers below. You can print a worksheet "My Emergency Contact List" at www.opa.ca.gov .	
Emergencies	9-1-1
Urgent care clinic	
My plan’s member services	
My membership number	
My primary care doctor	
My plan’s advice nurse	
Other:	

Hospital Care

Overnight care in a hospital is called *inpatient* care. You may go to the hospital for surgery, a serious illness, childbirth, or other services. Unless it is an emergency, your doctor must refer you for hospital care.

Darrell was hospitalized after a mild stroke. “Before I left the hospital, my wife and I asked for someone who could talk to us about follow-up care. We met with a nurse who told me how to take my medicines and what follow-up treatment I would need.”



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Resources

American College of Surgeons

1-800-621-4111

www.facs.org/patienteducation

Information on common operations and choosing a surgeon.

CalHospital Compare

www.calhospitalcompare.org

Compare California hospitals.

HSAG

1-800-841-1602

www.hsag.com

Call if you think that your Medicare hospital care is ending too soon.

OSHPD

www.oshpd.ca.gov/chargemaster

Information on hospital costs in California.



I am staying in the hospital for only 2 nights after my surgery. Will I really be ready to go home that soon?

Tell your concerns to the doctor. If necessary, he can ask for a longer stay. In general, hospital stays are shorter these days. This is because hospital care is very costly, and many people recover better at home. Also, in a hospital there is more risk of infection. If you think you are being discharged too soon, and you have Medicare, call **HSAG** at **1-800-841-1602**.

When I was in the hospital, some of the staff ignored me when I asked for help. This slowed my recovery. What can I do?

You can complain to your doctor and to the hospital, as well as to your health plan.



► Know What Your Costs Will Be

Your share of the costs for a hospital stay can sometimes be high. Try to find out your costs ahead of time.

- Start by talking to your health plan.
- Look at the Summary of Benefits and Coverage, Evidence of Coverage (EOC), or other information for your plan.
- If you pay a percent of the cost (co-insurance), call the hospital billing department. Ask what the charges are likely to be and what you will have to pay.
- Prices can vary between hospitals. To find a list of prices for procedures and supplies at California hospitals, visit www.oshpd.ca.gov/chargemaster.



Choosing a Hospital

- Visit www.calhospitalcompare.org to help you find the hospitals that have the most experience treating your medical problem.
- If you and your doctor think you cannot get the care you need at a hospital in your plan's network, ask your plan to approve care at another hospital.

Before You Go to the Hospital

- Consider making an Advance Health Care Directive and choosing someone to be your spokesperson and advocate while you are in the hospital. See page 47.
- You can print a worksheet "Prepare for a Hospital Stay" at www.opa.ca.gov.

Ask your doctor about your care in the hospital.

- What will happen during my treatment?
- How long will I stay in the hospital?
- How will my pain be managed?
- Do I need to stop any medicines?

Ask about follow-up care.

- How long will it take to recover?
- Where will I recover?
- What help will I need at home?
- What follow-up care will I need?

Make a list of things to take with you.

- Medicines
- Toothbrush and other necessities
- Alcohol-based hand cleaner to help prevent infections
- Other:

44 Mental Health Care

Currently most California plans must cover care for severe mental health conditions. Starting in 2014, most new health plans must include mental health care as an essential health benefit. If you need mental health services, talk to your doctor. Or call your plan and ask how to get care.



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Jake was severely depressed. He tried a medicine that his doctor prescribed, but he did not feel better. “I asked for a referral to a psychiatrist, who evaluated me. He prescribed a different medicine and referred me to a social worker for counseling. After several months I had a follow-up visit with the psychiatrist to see how things were going.”

Resources

Mental Health Association

1-800-969-6642

www.mhac.org

Information and advocacy for people with mental health problems.

NAMI

1-800-950-6264

www.namicalifornia.org

Information, advocacy, and support for families with seriously mentally ill relatives. Programs for people who use mental health services.



What mental health care can I get from my primary care doctor?

Your doctor can prescribe some medicines, like drugs to treat anxiety and depression. She can also refer you for more help if you need it.

Do Medi-Cal and Medicare cover mental health care?

Medi-Cal covers care for severe mental health problems. Medicare covers limited care for these problems. Ask your plan what it covers.

My plan is not approving enough care. What can I do?

If your health plan does not approve the treatment your doctor recommends, they must tell you why in writing. You can file a complaint if you disagree.



► **Choosing a Mental Health Specialist**

A mental health specialist may be a social worker, family therapist, psychologist, or psychiatrist.

- To find a provider, look in the Provider Directory or on the plan's website.
- Ask your doctor and friends for recommendations.
- You can change mental health providers if you are not satisfied with the one you have.
- If you do not think you are getting the right care, you can file a complaint with your plan.

► **Substance Abuse Services**

Starting in 2014, more plans will cover treatment for alcohol and drug abuse and help to stop smoking. Ask your doctor or health plan about these services.

Severe Mental Health Problems

If you have one of the conditions below, you have a right to the care that is needed for your condition. Your benefits and fees are similar to the benefits and fees for other medical conditions. You have this right in most HMOs and PPOs.

- Major depressive disorder
- Panic disorder
- Bipolar disorder
- Schizophrenia
- Schizoaffective disorder
- Obsessive-compulsive disorder
- Anorexia nervosa and bulimia nervosa
- Autism
- Pervasive developmental disorder in children
- Certain serious emotional disturbances in children

Learn More About Your Mental Health Benefits

Call your plan or your plan's behavioral health care provider. The number is on your membership card. Ask:

- | | |
|---|--|
| <input type="checkbox"/> What kinds of mental health specialists can I see? | <input type="checkbox"/> What counseling or psychotherapy services are covered if a problem is not on the list of severe conditions? Is there a limit on care? What is the cost? |
| <input type="checkbox"/> Do I need a referral from my primary care doctor? | <input type="checkbox"/> Are there support groups and classes, such as classes to help me stop smoking, deal with grief, or manage stress? |

Home, Nursing Home & Hospice Care

Most health plans cover some home health care or care in a nursing home, usually after a hospital stay. You must have a referral from your doctor and pre-approval from the plan. The number of days of care may be limited, and your cost is usually higher than for other services.

After her accident, **Muriel** will need to use a wheelchair for at least 4 months. “My plan approved several visits from an occupational therapist to teach me how to care for myself while I am in a wheelchair.”



© Ken Glaser/Corbis

Resources

California Hospital Association

www.calhealth.org/forms-handouts

Download a free Advance Health Care Directive.

CalQualityCare

www.calqualitycare.org

Information and ratings on long-term care, home health care, and hospice.

Family Caregiver Alliance

1-800-445-8106

www.caregiver.org

Information for family caregivers.



I have used up my home care benefits and I cannot afford to pay for the additional care I need. Is there any way to get help?

If you have a low income, a program called In-Home Support Services (IHSS) may pay for you to have a home care worker or a family member care for you. Call your county Social Services office.

Do health plans cover long-term home or nursing home care?

No. Health plans do not cover long-term care. To get help paying for this care, you need to buy long-term care insurance ahead of time. If you have a low income, Medi-Cal may pay all or part of the cost of long-term care.

TIPS

▶ Home Health Care

Home health care includes services such as physical and occupational therapy, help with medicines or wounds, and dialysis care. It may include some help with personal care, such as bathing.

- If you want your plan to help pay, you must have a referral from your doctor and pre-approval from your health plan.
- You must be unable to leave your home to get care. Or your plan and doctor must agree that home is the best place for you to get care.
- Ask your health plan or doctor which home health care agencies you can use.

▶ Nursing Home Care

You may be in a nursing home when you need more skilled nursing care than you can get at home.

- Health plans cover limited nursing home care.
- Ask your health plan for a list of nursing homes in the network.
- Compare nursing homes at www.calqualitycare.org. Homes vary in the quality of their care, as well as in food, cleanliness, noise level, and safety.

▶ Hospice Care

Hospice care is care to keep a person with a terminal illness comfortable in the last months of life. Hospice also helps relieve some of the stress for family members.

- Many health plans cover hospice care.
- Services include a nurse to manage pain medicines and an aide to help with personal care.
- Ask your plan for a list of hospice agencies you can use.

Protect Your Wishes

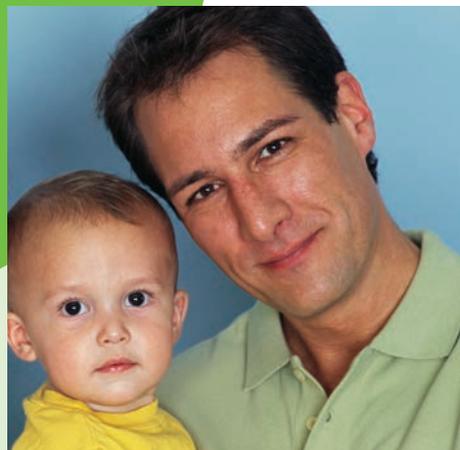
- An Advance Health Care Directive lets you say what kind of care you do or do not want and who will decide on your care if you cannot speak for yourself.
- You can download a form free at www.calhealth.org/forms-handouts.
- Fill out the form and have your signature witnessed.
- Give copies to your doctor, family, and close friends. Tell them about your wishes so they can make sure you get the care you want.



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Speak Up for Your Rights

As a health plan member in California, you have many rights. There are things you can do if you are having trouble getting a service you need. And there are people who can help you.



© Tom Grill/Corbis

After **Gary's** son had surgery, Gary got a bill from a doctor at the hospital. "I called my HMO. It turns out that the doctor shouldn't send me a separate bill. We did not have to pay it. I had to be persistent, but I made sure the plan dealt with it."

Resources

Help Center

1-888-466-2219

www.healthhelp.ca.gov

Learn more about your rights in an HMO.

Department of Insurance

1-800-927-4357

www.insurance.ca.gov

Learn more about your rights in a PPO.

HICAP (Health Insurance Counseling and Advocacy Program)

1-800-434-0222

www.aging.ca.gov/hicap

Learn about Medicare rights.

Office of the Patient Advocate (OPA)

www.opa.ca.gov

Learn about health care rights.

Contact Your Health Plan

Call the Customer Service or Member Services number on your membership card.

Your Employer

Your benefits/human resources office may help you if you have a problem with your plan.



My doctor says I need surgery for my back, but I do not understand how it will help. What can I do?

You have a right—and a responsibility—to understand your treatment. Ask the doctor to explain what the surgery will do. Make sure you understand all the risks and benefits. You can also ask for a second opinion if you want one.

Can I see my medical records?

You have a right to view and get a copy of your medical records. You may be charged a fee for the copies.

My doctor asked my plan to approve a referral 3 weeks ago. I still have not heard back. How long should I wait?

The law requires many health plans to approve or deny a referral within 5 business days, or 3 days if your problem is urgent. Since you have waited so long, you should call your plan and tell them you want to file a complaint. See the next chapter.

TIPS

► Talk to Your Doctor

Explain your problem. Ask:

- What do you recommend?
- Can you help me?
- What should I do next?

► Talk to Your Plan

Your health plan should have a member/customer service phone number. Look on your membership card or your health plan's website.

1. Explain your problem briefly.
2. Ask for someone who can help you.
3. Then, explain your problem in more detail.
4. Make sure the person understands.
5. Ask for the person's name and direct phone number.
6. Ask what will happen next and how long it will take.
7. Ask for a reply in writing.

► Tips to Help You Speak Up

- Act promptly.
- Be persistent.
- Ask to speak to a supervisor.
- Take notes on your calls. Write down the date and time of each call, the name of the person you spoke with, and a summary of what each of you said.
- Keep all your notes and letters in one place.
- Have someone with you for support during phone calls or meetings, if you want.
- If you are denied care, ask for the reason in writing.
- Learn more about your rights. Visit www.opa.ca.gov.

You Have the Right to:

- Be treated with courtesy and respect.
- Get quality health care.
- Get care from qualified medical personnel.
- Choose or change your doctor.
- Get an appointment when you need one.
- Understand your health problem and the risks and benefits of your treatment choices.
- Get a second opinion about a diagnosis or treatment.
- Choose or refuse treatment.
- Get a copy of your medical records.
- Have an interpreter.

Get Help

There are many organizations that help consumers with health care problems. Look for local organizations at www.opa.ca.gov.



File a Complaint with Your Plan

If talking with your doctor or your plan does not help, you have the right to file a complaint. A complaint is also called a grievance or an internal appeal. Your plan must give you a written decision. If you disagree with the decision, you can file a complaint with the state. See the next chapter to learn more.

Kendra requested a referral for her daughter to an asthma specialist for children. “Our plan would not approve the referral so I filed a complaint with the plan. And I got her doctor to write a letter explaining why the referral was needed. Our plan changed its decision and approved the referral so that Kendra could see the specialist.”



© Image Source Black/ Image Source/ Getty Images

Resources

Contact Your Health Plan

Call the Customer Service or Member Services number on your membership card.



I have an urgent health problem. How soon will my plan respond to my complaint?

When you file your complaint, be sure to explain that it is urgent. Most plans should respond to urgent problems in 3 days. You can also call an outside agency for help. See the list on page 53.

My plan says the service I need is not covered. How do they decide this?

They look at your Evidence of Coverage (EOC) or your insurance policy, which is your contract with the plan. It explains your benefits. Ask your plan to send you a copy of the EOC and tell you which page says that the service is not covered.



► How to File a Complaint with Your Plan

You can file a complaint or grievance by mail. In many plans, you can also file a complaint by e-mail, over the phone, or on your plan's website.

- State clearly that you want to file a complaint. Then explain the problem.
- Your plan must give you a decision within 30 days, or within 3 days if your health problem is urgent. The plan has 60 days to respond if you are asking it to pay for a service you already had.
- You must file your complaint as soon as possible after the incident or action that is the cause of your problem.

Common Problems

You can file a complaint if you have any problem related to your care or a service. Here are some examples:

- You are denied a service, treatment, or medicine.
- You are denied a referral.
- You get a bill that you think is wrong.
- Your plan will not pay you back for a covered service that you paid for and received.
- Your plan will not pay for your emergency room care.
- You cannot get an appointment as soon as you need it.
- You think you received poor care or service.

Information You Need When You File a Complaint

You can print a worksheet "My Complaint" at www.opa.ca.gov.

Have this information handy:	Example: Eleanor's complaint
1. Your health plan membership number:	1. <i>My membership number: 1234567</i>
2. A short description of your problem:	2. <i>My problem is that I need more physical therapy after my accident. I had 5 sessions and my plan said I cannot have more.</i>
3. Why you need this benefit or service:	3. <i>I need this service because my hip was hurt badly. I am getting better, but I cannot walk more than a block.</i>
4. The date the problem happened or started:	4. <i>My doctor asked for more physical therapy on June 13 and I got a denial on June 21.</i>
5. If you feel the problem is urgent, why:	5. <i>My life is not in danger, but I feel this is urgent because I am in pain and cannot do things.</i>

File an Appeal Outside Your Plan

If you disagree with your plan's decision about your complaint, you can file a complaint or ask for an Independent Medical Review (IMR) from an outside agency. This is also called an external appeal. If your problem is urgent, you can usually call the outside agency without filing a complaint with your plan first. There is a list of outside agencies on the next page. If you are not sure which agency to call, call the **Help Center** at **1-888-466-2219**.



© Rob Melnychuk/Photodisc/Getty Images

Ken had a procedure to correct a rapid heartbeat.

“Afterward, my heartbeat was still too fast, but the doctor just said to come back in a few months. I saw another doctor, who said the procedure should be done again.

“My plan denied my request, so I called the Help Center and got an Independent Medical Review. The doctors who reviewed my case agreed with me, so my plan had to pay to do the procedure again.”

Resources

See the chart on the next page.



I have cancer and want an experimental treatment. My plan denied it. What can I do?

Most plans say that they do not cover experimental treatments. However, you can ask for an Independent Medical Review (external appeal) of this denial. Your condition must be serious.

Is an outside appeal free?

For most health plans, it is free. Some self-insured plans may charge up to \$25 to file an appeal. If your appeal is successful, you do not have to pay the fee.



▶ External Appeal or Independent Medical Review (IMR)

An external appeal or IMR is a review of your case by one or more doctors who are not part of your health plan. If the IMR is decided in your favor, your plan must give you the service or treatment you asked for.

You may qualify for an IMR if your health plan:

- Denies, changes, or delays a service or treatment because the plan says it is not medically necessary.
- Denies an experimental treatment for a serious condition. If this happens, apply for an IMR right away. You do not have to file a complaint with your plan first.
- Will not pay for emergency or urgent care that you already received.

When to Request Help

Call one of the organizations listed below, if:

- Your problem is urgent.
- You filed a complaint with your plan and you disagree with your plan’s decision.
- Your plan does not make a decision within 30 days, or within 3 days if your problem is urgent.
- Your plan denies an experimental or investigational treatment for a serious condition.
- Your plan cancels your coverage.
- You have questions or need complaint, IMR, or appeal forms.

If You Cannot Solve Your Problem with Your Plan

If you are not sure which agency to call, contact the **Help Center** at **1-888-466-2219**.

Kind of plan	Where to go next	Phone number/website
Most HMOs and some PPOs	● Help Center	1-888-466-2219 www.healthhelp.ca.gov
Many PPOs as well as fee-for-service insurance	● Department of Insurance	1-800-927-4357 www.insurance.ca.gov
Medi-Cal	● Medi-Cal Managed Care Ombudsman ● Help Center	1-888-452-8609 1-888-466-2219 www.dhcs.ca.gov/individuals
Medicare	● HICAP (for help and advice)	1-800-434-0222 www.aging.ca.gov/hicap

Phone Numbers & Websites

▶ **This is a list of the phone numbers and websites in this guide.**

- If you are hearing impaired or have difficulty using a standard phone, call the California Relay at **7-1-1**. For more information on the Relay, visit <http://ddtp.cpuc.ca.gov/relay.aspx>.
- A “” after a phone number or website means there is usually someone who speaks Spanish or the website has information in Spanish.

Resource	Description	Number	Website
1-800-Medicare	Information and help for people with Medicare.	1-800-633-4227 	www.medicare.gov 
9-1-1	Call in an emergency.	9-1-1 	
Agency for Healthcare Research & Quality (AHRQ)	Information on quality health care.	1-800-358-9295 	www.ahrq.gov/patients-consumers/index.html 
AIM	Low-cost health insurance for pregnant women with low and middle incomes.	1-800-433-2611 	www.aim.ca.gov 
American Board of Medical Specialties	Find out if a specialist is board certified.	1-866-275-2267	www.abms.org
American Cancer Society	Learn about many kinds of cancer; find local support.	1-800-227-2345 	www.cancer.org 
American Chronic Pain Association	Information and resources for people with chronic pain.	1-800-533-3231	www.theacpa.org 
American College of Surgeons	Information on common operations and choosing a surgeon.	1-800-621-4111 	www.facs.org/patienteducation
American Diabetes Association	Information about preventing and managing diabetes.	1-800-342-2383 	www.diabetes.org 
American Heart Association	Information on heart disease and stroke.	1-800-242-8721 	www.americanheart.org 
American Lung Association	Information on lung diseases; help making treatment decisions.	1-800-586-4872 	www.lungusa.org 
Arthritis Foundation	Information on arthritis and related conditions; help finding local resources.		www.arthritis.org 
AT Network	Information on equipment and assistive technology.	1-800-390-2699  1-800-900-0706  (TTY)	www.atnet.org 
Best Buy Drugs	Information to help you choose drugs with lower costs, and higher safety and effectiveness.		www.consumerreports.org/health/best-buy-drugs/index.htm 

 Phone number or website has information in Spanish.

Resource	Description	Number	Website
CalHospital Compare	Resources to help you compare hospitals.		www.calhospitalcompare.org ^{ES}
California AIDS Hotline	Information on HIV/AIDS services.	1-800-367-2437 ^{ES}	www.aidshotline.org ^{ES}
California Dental Association	Information on dental health and help finding low-cost dental services.	1-800-232-7645	www.cda.org ^{ES}
California Department of Health Care Services	Information on applying for Medi-Cal.		www.dhcs.ca.gov
California Foundation for Independent Living Centers	Resources for people with disabilities.	1-916-325-1690 ^{ES} 1-916-325-1695 ^{ES} (TTY)	www.cfildc.org
California Hospital Association	Download a free Advance Health Care Directive form in English or Spanish.		www.calhealth.org/forms-handouts ^{ES}
CalQualityCare	A guide to nursing homes, home health care, and hospice care.		www.calqualitycare.org
Cancer Information	Information on cancer treatments.	1-800-422-6237 ^{ES}	www.cancer.gov ^{ES}
CDC Info	Immunization guidelines.	1-800-232-4636 ^{ES}	www.cdc.gov/vaccines ^{ES}
Center Watch	Information on clinical trials.		www.centerwatch.com
Clinical Trials	Information on clinical trials.		www.clinicaltrials.gov
Covered California	Compare plans and buy a plan, starting in October 2013.	1-888-975-1142 ^{ES}	www.coveredca.com ^{ES}
Deaf Counseling, Advocacy and Referral Agency	Resources for people who are deaf or hard of hearing.	1-877-332-7288 (TTY)	www.dcara.org
Department of Insurance	Information on health insurance. Help with problems.	1-800-927-4357 ^{ES}	www.insurance.ca.gov ^{ES}
Department of Managed Health Care (Help Center)	Information and help for health plan members and people looking for health care coverage.	1-888-466-2219 ^{ES}	www.healthhelp.ca.gov ^{ES}
Disability Rights California	Legal information and assistance for people with disabilities.	1-800-776-5746 ^{ES} 1-800-719-5798(TTY)	www.disabilityrightsca.org ^{ES}
Drug Digest	Check for drug interactions.		www.drugdigest.org
E-benefits	Apply online for Medi-Cal and other benefits.		www.benefitscal.com ^{ES}
Family Caregiver Alliance	Information and help for family caregivers.	1-800-445-8106 ^{ES}	www.caregiver.org ^{ES}
FDA	Information on prescription drugs, vitamins, and herbs.	1-888-463-6332 ^{ES}	www.fda.gov/drugs/resourcesforyou/consumers

^{ES} Phone number or website has information in Spanish.

Phone Numbers & Websites

Resource	Description	Number	Website
GLAD (Greater Los Angeles Agency on Deafness)	Services and information for the deaf and hard of hearing.		www.gladinc.org ^{ES}
Healthcare.gov	National website on health care reform.		www.healthcare.gov ^{ES}
Health Care Options	Call to change your Medi-Cal health plan.	1-800-430-4263 ^{ES}	www.healthcareoptions.dhcs.ca.gov ^{ES}
Health Consumer Alliance	Fact sheets in many languages on low-cost health care. Click on "Publications."		www.healthconsumer.org ^{ES}
Healthfinder	Learn about free preventive care services.		www.healthfinder.gov/healthcarereform ^{ES}
Help Center	Information and help for health plan members.	1-888-466-2219 ^{ES}	www.healthhelp.ca.gov ^{ES}
HICAP (Health Insurance Counseling and Advocacy Program)	Help for Medicare members.	1-800-434-0222 ^{ES}	www.aging.ca.gov/hicap
Hospital Bill Help	Information to help you deal with hospital bills.		www.hospitalbillhelp.org ^{ES}
HSAG	Help if your Medicare hospital, nursing home, home health, or rehab care is ending too soon.	1-800-841-1602 ^{ES}	www.hsag.com
KidsHealth	Information on children's health.		www.kidshealth.org ^{ES}
Lab Tests Online	Information about lab tests.		www.labtestsonline.org ^{ES}
Mayo Clinic	Consumer information on many health topics.		www.mayoclinic.com
Medi-Cal	Information on Medi-Cal.		www.dhcs.ca.gov/individuals
Medi-Cal Fair Hearing	Call this number or your county Medi-Cal office to ask for a Medi-Cal Fair Hearing.	1-800-952-5253	www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx
Medi-Cal Managed Care Ombudsman	Help if you have a problem with your Medi-Cal plan.	1-888-452-8609 ^{ES}	
Medi-Cal Mental Health Care Ombudsman	Help with Medi-Cal mental health care services.	1-800-896-4042 ^{ES}	
Medical Board of California	Licenses and takes complaints about doctors. Check doctors online.	1-800-633-2322 ^{ES}	www.mbc.ca.gov
Medline Plus	Find health information online. Or call for telephone assistance.	1-888-346-3656	www.medlineplus.gov ^{ES}

^{ES} Phone number or website has information in Spanish.

Resource	Description	Number	Website
Mental Health Association	Information and advocacy for people with mental health problems.	1-800-969-6642 ^{ES}	www.mhac.org
MRMIP (Major Risk Medical Insurance Program)	Insurance program for people who are turned down by individual plans because of a pre-existing condition.	1-800-289-6574 ^{ES}	www.mrmib.ca.gov
My Family Health Portrait	Create a family health history report.		www.hhs.gov/familyhistory/ ^{ES}
My Health Resource	Help finding health care if you do not have health insurance.		www.myhealthresource.org ^{ES}
NAMI	Information and support for families with seriously mentally ill relatives. Programs for consumers.	1-800-950-6264 ^{ES}	www.namicalifornia.org ^{ES}
National Committee for Quality Assurance (NCQA)	Information on quality health care and health plan standards.	1-888-275-7585	www.ncqa.org
National Guideline Clearinghouse	Care guidelines for many health conditions.		www.guideline.gov
National Institute on Aging	Information for seniors.	1-800-222-2225 ^{ES} 1-800-222-4225 (TTY)	www.nia.nih.gov
National Institutes of Health	Information on many health issues.		www.health.nih.gov ^{ES}
Office of the Patient Advocate (OPA)	Information on getting quality health care in California.	1-800-466-8900 ^{ES}	www.opa.ca.gov ^{ES}
OSHPD (Office of Statewide Health Planning & Development)	Information on hospital costs in California.		www.oshpd.ca.gov/chargemaster
Osteoporosis	Information and research on osteoporosis.	1-800-624-2663 ^{ES}	www.niams.nih.gov/health_info/bone ^{ES}
Poison Action Line	Emergency help for victims of poisoning.	1-800-222-1222 ^{ES}	www.calpoison.org ^{ES}
U.S. Department of Labor	Information on COBRA and HIPAA.	1-866-444-3272 ^{ES}	www.dol.gov/ebsa/contactEBSA/consumerassistance.html
VA Health Benefits	Learn about health benefits for veterans.	1-877-222-8387	www.va.gov/healthbenefits ^{ES}

^{ES} Phone number or website has information in Spanish.

Useful Terms

Definition	Details	Example
<p>Appeal A kind of complaint, in which you ask for a review of a health plan decision.</p>	<p>If your health plan says “no” when you ask for a service, you can file an appeal with the plan. This is called an internal appeal. You can also file an appeal with independent reviewers outside your plan. This is called an external appeal. You have a right to ask for both kinds of appeals.</p>	<p>Tom’s health plan did not pay his emergency care bill, so he filed an appeal. The plan said “no” to his appeal, so he filed an external appeal.</p>
<p>Benefits Health care services offered by your health plan.</p>	<p>Covered benefits are the health care services your health plan pays for. Excluded benefits are the services that your health plan does not pay for.</p>	<p>Jane heard from a co-worker that the health plan they got through their workplace did not cover cosmetic surgery. She asked her health plan for a list of covered benefits and excluded benefits.</p>
<p>COBRA/Cal-COBRA Laws that help people keep their group health plans.</p>	<p>If your job ends or your hours are cut, these laws help you keep your group health plan for up to 36 months. You must meet the deadlines to sign up and pay the premiums. Your dependents can keep your group plan through COBRA/Cal-COBRA if they no longer qualify as dependents or if you die, divorce, or start getting Medicare.</p>	<p>Ted retired at age 63 and used COBRA to keep his group plan until he could get Medicare at age 65. He had to pay the monthly premiums.</p>
<p>Co-insurance A share of the cost of a health care service.</p>	<p>Co-insurance is a percent (%) of the bill for a service. This means that you pay more when the bill is larger.</p>	<p>Miguel sees a heart specialist in his health plan’s network. The specialist charges \$200 for an office visit. Tom’s co-insurance is 20 percent (20%), so he pays \$40. If Miguel gets a procedure that costs \$3,000, he pays \$600.</p>
<p>Contracted provider A health care provider who has a contract with your health plan.</p>	<p>This is a provider who has a contract with your health plan to provide services to you at a lower cost. A contracted provider may also be called a preferred provider or a network provider.</p>	<p>Lauren always sees the contracted providers in her HMO.</p>
<p>Co-pay (co-payment) A fixed charge (flat fee) for a health care service.</p>	<p>You usually pay the co-pay when you get the service. You pay the same fee each time.</p>	<p>Lily has an HMO. She pays a \$15 co-pay for each office visit, a \$200 co-pay for each visit to the emergency room, and a \$20 co-pay for generic prescriptions.</p>
<p>Cost-sharing The part of your health care that you pay.</p>	<p>Cost-sharing is a general term that includes deductibles, co-insurance, and co-pays. Usually, it does not include premiums, balance bills, or services that your health plan does not cover.</p>	<p>Bill’s plan has a deductible and co-insurance. Ann’s plan has only co-pays. They have different kinds of cost-sharing.</p>

Definition	Details	Example
<p>Coverage (health coverage) A general term for health care services offered by your health plan.</p>	<p>Health insurance companies and health plans provide coverage. Government programs like Medi-Cal also provide coverage.</p>	<p>What kinds of health care coverage does your health plan offer? Some health plans cover eyeglasses and some do not.</p>
<p>Covered California (Health Benefit Exchange) A marketplace to help individuals and small businesses find health plans.</p>	<p>Starting in October 2013, Covered California will offer health insurance and will help you find a plan that meets your needs. It can also help you find out if you qualify for a low-cost or free health care program, or for tax credits to help you pay for a health plan.</p>	<p>Brenda has many different health plans in her area. When Covered California opens, she will be able to get help comparing plans and buying a plan.</p>
<p>Deductible The amount you must pay each year for health care before your health plan starts to pay.</p>	<p>Deductibles can vary a lot, and some plans have no deductible. Most plans pay for preventive care, like vaccines, even before you pay your deductible. Some plans have separate deductibles for prescription drugs or hospital care. Ask your health plan which costs count towards your deductible.</p>	<p>Lin's yearly deductible is \$1,000. She needs to pay hospital, doctor, and other bills up to \$1,000 before her health plan will start to pay for services. But Lin can get preventive care before paying the yearly deductible.</p>
<p>Grievance A complaint that you make to your health plan.</p>	<p>In a grievance, you ask your health plan to solve a problem or change a decision they made about your care. You can file a grievance by mail, phone, and sometimes online.</p>	<p>Sam could not get an appointment with a specialist for 3 months. He filed a grievance online, asking his health plan to fix the problem.</p>
<p>Group coverage (group health plan) This is coverage that you get through a job, union, or other group.</p>	<p>Some of the rules for group coverage are different from the rules for individual coverage, which you buy on your own.</p>	<p>Mary worked for a company with 230 employees and got group coverage health care through her work. Her sister was self-employed and bought individual coverage for her health care.</p>
<p>Health insurance Insurance that helps pay for health care costs.</p>	<p>The insurance policy or contract states the fees you have to pay and the services your health insurance pays for. The policy may be called an Evidence of Coverage (EOC).</p>	<p>Jan's health insurance covers preventive care, as well as care for illnesses and emergencies.</p>
<p>HMO (health maintenance organization) A kind of health plan.</p>	<p>With an HMO you get all your health care from one group of doctors, hospitals, and labs. This group is also called a network. You have a main doctor, also called your primary care doctor, who oversees your care.</p>	<p>Allen has an HMO. He usually sees his primary care doctor first when he has a problem. Then his doctor gives him referrals to other doctors in his HMO for the other care he needs.</p>

Useful Terms (continued)

Definition	Details	Example
<p>Independent medical review (IMR) A review of a health plan decision by doctors outside the plan.</p>	<p>An IMR is an external appeal. Doctors or other health care professionals review your case. They decide whether your plan must pay for the treatment you want. Your health plan must do what the IMR says. You may qualify for an IMR if your plan denies the care you need and say it is not necessary or is experimental. You may also qualify for an IMR if your plan does not pay for emergency or urgent care that you have already received.</p>	<p>Tony's health plan did not authorize a procedure he needs. The plan said it was not medically necessary. Tony filed an appeal with his plan, but they said "no." He then asked the State for an IMR. The IMR decided that Tony's health plan should pay for the procedure. Therefore, the health plan provided the procedure.</p>
<p>Individual coverage (individual health plan) This is a health plan you buy yourself.</p>	<p>Some of the rules for individual coverage are different from the rules for group coverage, which you usually get through a job.</p>	<p>Gilberto bought individual coverage because he worked for himself. His brother had group coverage from his workplace.</p>
<p>Individual mandate This is a law that requires most people to have health coverage.</p>	<p>It starts in 2014. There will be health care programs for people with no income or low incomes. There will be a tax break for people with lower incomes who buy health insurance. There will be a tax penalty for people who do not buy health insurance.</p>	<p>Randy does not have health insurance. There will be programs starting in October 2013 to help him find coverage for 2014.</p>
<p>Medical group A group of doctors who have a contract with a health plan.</p>	<p>Medical groups include primary care doctors, specialists, and other providers. In some health plans, you get most of your care from your primary care doctor's medical group. A medical group is sometimes called an Independent Practice Association (IPA).</p>	<p>Ella needed to see a dermatologist. She asked her primary care doctor for a referral to a dermatologist in her medical group.</p>
<p>Medically necessary care Care that you need in order to prevent, find, or treat a health problem.</p>	<p>In general, health plans only cover medically necessary care. This care must meet accepted standards of medicine. There should be evidence that you need the treatment and that it can help problems like yours.</p>	<p>Andy wanted surgery on his sinuses. His plan said it was not medically necessary. It said that sinus problems like his usually improved on their own, without surgery, and there was not enough evidence that the surgery would help. Andy can file an appeal if he wants to.</p>
<p>Network All the doctors, hospitals, labs, and other providers that have contracts with your health plan.</p>	<p>This network provides all or most of your health care services. Some plans have a network with different levels, called a tiered network. This means that you must pay extra to see some providers, even if they are in the plan's network. Providers in the plan's network are called preferred or contracted providers.</p>	<p>Kim's HMO will not pay for the services she gets from doctors outside the network, except in a few special cases. So when Kim needed to see a cardiologist, she went to one in her network.</p>

Definition	Details	Example
<p>Open enrollment period</p> <p>The time when you can change your health plan.</p>	<p>This usually happens once a year at your job.</p>	<p>Marianne wants to change from an HMO to a PPO, but she has to wait until her employer's open enrollment period.</p>
<p>Out-of-pocket limit</p> <p>This is the most you have to pay for most health care services in one year.</p>	<p>This limit may include your deductible. Ask your health plan which costs count towards your out-of-pocket limit.</p>	<p>Eric's out-of-pocket limit is \$7,000. Eric usually pays a co-insurance of 20 percent of each bill he gets. When he has paid a total of \$7,000, he can stop paying co-insurance.</p>
<p>PPO (preferred provider organization)</p> <p>A kind of health plan.</p>	<p>With a PPO you can go to doctors inside or outside your network. But if you go to a doctor outside your network, you will have to pay more.</p>	<p>Melissa had to choose between a PPO and an HMO. She chose the PPO because she wanted to see some doctors outside the PPO network.</p>
<p>Pre-authorization</p> <p>A decision by your health plan that a health care service is medically necessary and a covered service.</p>	<p>You may need pre-authorization for certain services before you receive them. Pre-authorization is also called prior authorization, prior approval, pre-approval, or precertification.</p>	<p>Leon's doctor ordered an X-ray of his spine. The doctor said he should not get the X-ray until he had pre-authorization from his health plan.</p>
<p>Pre-existing conditions</p> <p>Medical problems you have before you try to buy or join a new health plan.</p>	<p>Some health plans will not accept you if you have a pre-existing condition, or will limit or deny coverage for these conditions. Starting in 2014, health plans can no longer do this.</p>	<p>Marty had several bad asthma attacks. It was hard for her to find a health plan that would accept her.</p>
<p>Preferred provider</p> <p>A health care provider who is in your health plan's network.</p>	<p>This is a provider who has a contract with your health plan to provide services to you at a lower cost. A preferred provider may also be called a contracted or network provider.</p>	<p>Elisa usually goes to preferred providers in her PPO. If she goes to other providers, she pays more.</p>
<p>Primary care doctor</p> <p>Your main doctor, who gives you most of your care and refers you for other services and providers when you need them.</p>	<p>In many health plans you must have a primary care doctor. Your primary care doctor will refer you for other services when you need them. Your primary care doctor or provider can be a doctor, nurse practitioner, clinical nurse specialist, or physician assistant.</p>	<p>Molly's primary care doctor knows her well and helps keep track of her health care needs.</p>

Useful Terms (continued)

Definition	Details	Example
<p>Provider A licensed, trained medical professional or a health care facility such as a hospital.</p>	<p>Providers are licensed, certified, or accredited by state law.</p>	<p>Doctors, labs, clinics, hospitals, and pharmacies are health care providers.</p>
<p>Referral A request made by your doctor, asking another provider to see you.</p>	<p>You often need a referral before you can get care from other providers, such as specialists and labs. Your doctor usually faxes or emails the referral to the other provider. You can ask for a copy of the referral. It explains why you need to see the other provider. Sometimes your plan has to pre-authorize the referral.</p>	<p>Joe's primary care doctor gave him a referral to a skin doctor because he had a rash on his hands that would not go away.</p>
<p>Self-insured plan A kind of health plan used by many large employers.</p>	<p>In self-insured plans, the employer sets aside a pool of money, including employee premiums, and uses it to pay for the health care of employees. Some health plan laws do not apply to these plans. However, you do have a right to file a grievance and appeal if you have a problem with a self-insured plan. Self-insured plans are also called self-funded plans.</p>	<p>Jeff worked for a large school district that had a self-insured plan.</p>
<p>Summary of Benefits and Coverage A short list of the benefits and costs in a health plan.</p>	<p>You can compare plans, or learn about your own plan, by looking at the Summary of Benefits and Coverage.</p>	<p>Maya's job offered 3 different health plans. She compared the Summary of Benefits and Coverage for each plan. She chose the one with the best benefits and costs for her family.</p>
<p>Usual rate The most that a health plan will pay for a service.</p>	<p>In some plans, you pay a part of the usual rate, and your health plan pays the rest. If you go to a doctor who charges more than the usual rate, you may get a bill for the extra cost. A doctor who is part of your HMO or PPO should not bill you for the extra cost. The usual rate may also be called allowed amount or contracted rate.</p>	<p>Annie went to a doctor who was not part of her PPO's network. Her health plan's usual rate for the service was \$200. The doctor charged \$300, so Annie had to pay her co-insurance plus an additional \$100.</p>

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