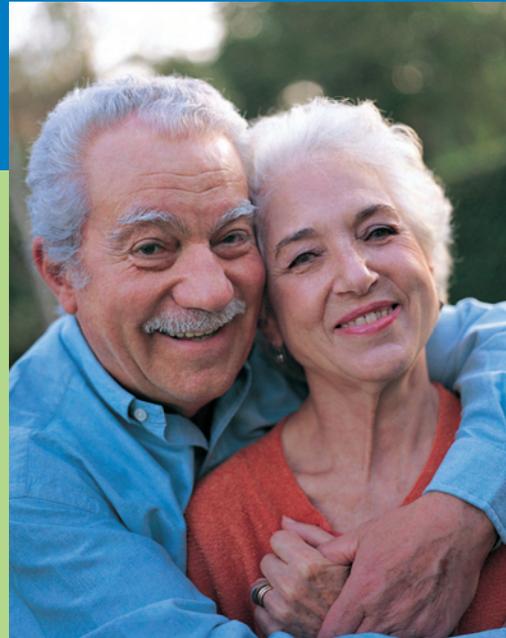




# California's HMO Guide for Seniors

Getting  
the Most  
from Your  
Medicare  
HMO



*The State of California*

.....  
OFFICE OF THE PATIENT ADVOCATE

www.opa.ca.gov

**What HMO members have to say about the original California's HMO Guide:**

“This gives you a license to say, I am in charge of my health and when I ask questions I need answers.”

“I was amazed at how much information is in here that you can utilize right now.”

“I don't feel lost anymore. In the past I have felt intimidated, but now have learned to ask questions.”



*The University of California, Berkeley*



*Office of the Patient Advocate*

*California's HMO Guide for Seniors* is a tool to help you use your Medicare HMO. This guide has answers to many common questions. It does not offer legal advice, but it will tell you about your rights. It will tell you some places you can go to find more help and to learn more about your rights.

When you use this guide, remember that each Medicare HMO is different. Call your HMO to learn more about its rules and the care it offers.

*California's HMO Guide for Seniors* is produced by the University of California, Berkeley, in collaboration with the California Office of the Patient Advocate and communities throughout California.

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**To order a free copy of California's HMO Guide for Seniors in English or Spanish or for information on alternative formats, call:**

**1-888-466-2219**

**TTY 1-877-688-9891**

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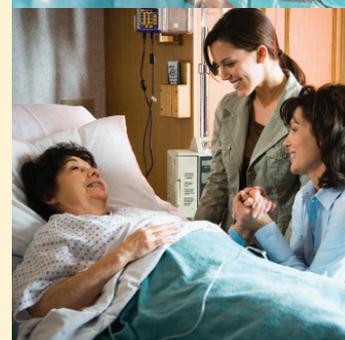
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# Welcome to the



## The Office of the Patient Advocate (OPA)

1-916-324-6407

1-866-499-0858 (TTY)

[www.opa.ca.gov](http://www.opa.ca.gov)

Health care plays an important role in all of our lives, but the health care system can be confusing. The Office of the Patient Advocate (OPA) educates consumers about their rights and responsibilities as health plan members, so they can better navigate their health plans.

- OPA's annual Health Care Quality Report Card lets you see how your health plan and doctors compare.
- The OPA website at [www.opa.ca.gov](http://www.opa.ca.gov) has additional information, health care tips, Quality Report Cards, and Health Worksheets.

OPA created this guide to help you get the best quality of care from your health plan. I hope you find it helpful.

Sincerely,

Sandra Perez  
Director



# Office of the Patient Advocate

# www.opa.ca.gov

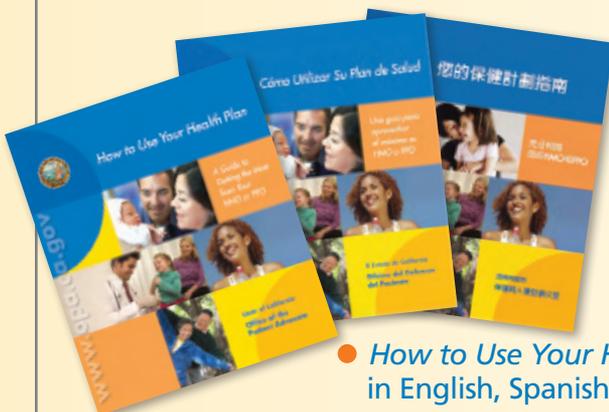
Home About OPA How to Use Your Health Plan Quality Report Card Contact Us



● OPA Home Page

● [www.opa.ca.gov/report\\_card/medicarerating.aspx](http://www.opa.ca.gov/report_card/medicarerating.aspx)

Call 1-888-466-2219 to order your free resources.



● How to Use Your Health Plan  
in English, Spanish, and Chinese



● Health Worksheets  
in English, Spanish, and Chinese

Mrs. Lau is turning 65. “I was confused by Medicare. Then I called HICAP. Mrs. Walker really helped clear things up for me.”

**HICAP** provides free counseling for people with Medicare.

**T**his guide can help you choose and use a Medicare HMO. This chapter will explain some basic things about the Medicare program.

Medicare is a national health insurance program. Most people can get Medicare at age 65. Some younger people with disabilities also have Medicare.

**There are 3 main kinds of Medicare benefits.**

- Part A helps cover hospital, nursing, and hospice care.
- Part B helps cover doctor care, tests, and equipment.
- Part D helps cover prescription drugs.

**You can get your Medicare benefits through Original Medicare or a Medicare Advantage plan.**

- Original Medicare is also called traditional Medicare. The government pays your doctors directly for the services you receive. You pay part of the cost.
- Medicare Advantage plans are private health plans. Medicare HMOs are one kind of Medicare Advantage plan. The government pays the plan to provide your Medicare benefits. You pay part of the cost. Medicare Advantage is also called Part C.

## Medicare Premiums

A premium is a monthly fee for health insurance. If you are eligible for Social Security, you do not have to pay a premium for Part A. But you do have to pay a premium to the government for Part B. To learn more about costs and about help paying for Medicare, see pages 12–17.



Frederic Larson/SF Gate

## Questions & Answers

### How do I pay my Medicare Part B premium?

Part B is optional. If you enroll in Part B, your premium comes out of your Social Security check each month. If you do not get Social Security yet, you will be billed for your Part B premium every 3 months.

### Do I have to join a Medicare Advantage plan?

No. You can stay in Original Medicare if you want. To learn more, call **1-800-MEDICARE**.

I have a Medicare HMO. How can I learn about other kinds of Medicare Advantage plans? Call **HICAP** to learn about all the plans in your area.

### I did not work long enough to get Social Security. Can I still get Medicare?

You may be able to buy Medicare on your own. Also, you can get Medicare if your spouse or former spouse worked for at least 10 years. Call **HICAP**.

## things you can do

### Enroll in Medicare Part A at 65

- If you already receive Social Security, you will get a red, white, and blue Medicare card for Part A 3 months before your 65th birthday.
- If you do not get Social Security yet, you must call **Social Security** to enroll in Medicare. Call 3 months before your 65th birthday.

### If You Do Not Have Health Benefits at 65

Most people enroll in Part B and Part D when they get Part A at age 65. If you enroll later, you may have to pay higher premiums.

### If You Are Working at 65 and Have Health Benefits

Ask your employer if you need to enroll in Part B or Part D. If your employer's health plan does not have creditable drug coverage, you should enroll in a Part D plan. See page 15.

### When You Retire

If you didn't enroll in Part B earlier, make sure you enroll before you retire. Call **Social Security** to enroll. You should also enroll in Part D if you do not have creditable drug coverage as a retiree. See page 18.

## where to find help

### 1-800-MEDICARE

Information and help with Medicare  
**1-800-633-4227**      [www.medicare.gov](http://www.medicare.gov)

### HICAP (Health Insurance Counseling & Advocacy)

Free counseling and information on Medicare  
**1-800-434-0222**      [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)

### Social Security

Call to enroll in Social Security and Medicare  
**1-800-772-1213**      [www.ssa.gov](http://www.ssa.gov)

# What Is a Medicare HMO?

“We had an HMO for a long time. When we got Medicare, we changed to the Medicare version of our HMO. Some of our benefits and costs changed.”

**M**edicare HMOs are a kind of Medicare Advantage plan. The government pays your Medicare HMO to cover your health care. You are still in Medicare when you are in a Medicare HMO.

If you join a Medicare HMO, you must get your Medicare services through your HMO. You will have all the benefits covered by Original Medicare. For a list of these benefits, see page 34.

**An HMO is a kind of health insurance.** HMO stands for health maintenance organization.

- Each HMO has a network of doctors, labs, hospitals, and other providers. You get your health care from these providers.
- Usually you have a primary care doctor. This doctor gives you basic care, oversees your treatments, and refers you to specialists.

## To Join a Medicare HMO

- You must live in the area the HMO serves.
- You must have Medicare Part A.
- You must pay your Medicare Part B premium to Social Security.
- You must also pay a premium to the HMO.
- If you want prescription drug coverage (Medicare Part D), you must get it from the HMO. You cannot join a Medicare HMO and enroll in a separate Part D prescription drug plan.
- If you are on kidney dialysis, you cannot join a Medicare HMO. However, if you are already in one, you can stay in it. For more information, call **1-800-MEDICARE**.



## Questions & Answers

How do I know if I am in a Medicare Advantage HMO?

Ask your HMO, union, or former employer. If you are not in a Medicare HMO, many of the rules in this book do not apply.

Where can I learn more about Medicare HMOs?

Call **HICAP**. Or visit **www.cahealthadvocates.org**

There's a lot of paperwork for Original Medicare.

Is that true if I am in a Medicare HMO?

No. You usually don't have much paperwork if you are in an HMO.

## things you can do

### Free Help with Medicare HMOs

- Call your HMO. All HMOs have a member or customer service phone number. The number is on your membership card.
- Call **HICAP** for information and counseling on Medicare.

### Joining a Medicare HMO

- You can join a Medicare HMO when you first get Medicare at age 65. For other times you can join, see page 10.
- Fill out an enrollment form for the plan you want to join. To get a form, call the plan, look on its website, or call **1-800-MEDICARE**.
- You do not need a Medigap plan if you are in a Medicare HMO. And you cannot enroll in a separate Part D prescription drug plan. Most Medicare HMOs include drug coverage.

## where to find help

### 1-800-MEDICARE

Information and help with Medicare

**1-800-633-4227**      **www.medicare.gov**

### California Health Advocates

Information on Medicare

**www.cahealthadvocates.org**

### HICAP (Health Insurance Counseling & Advocacy)

Free counseling and information on Medicare

**1-800-434-0222**      **www.aging.ca.gov/hicap**

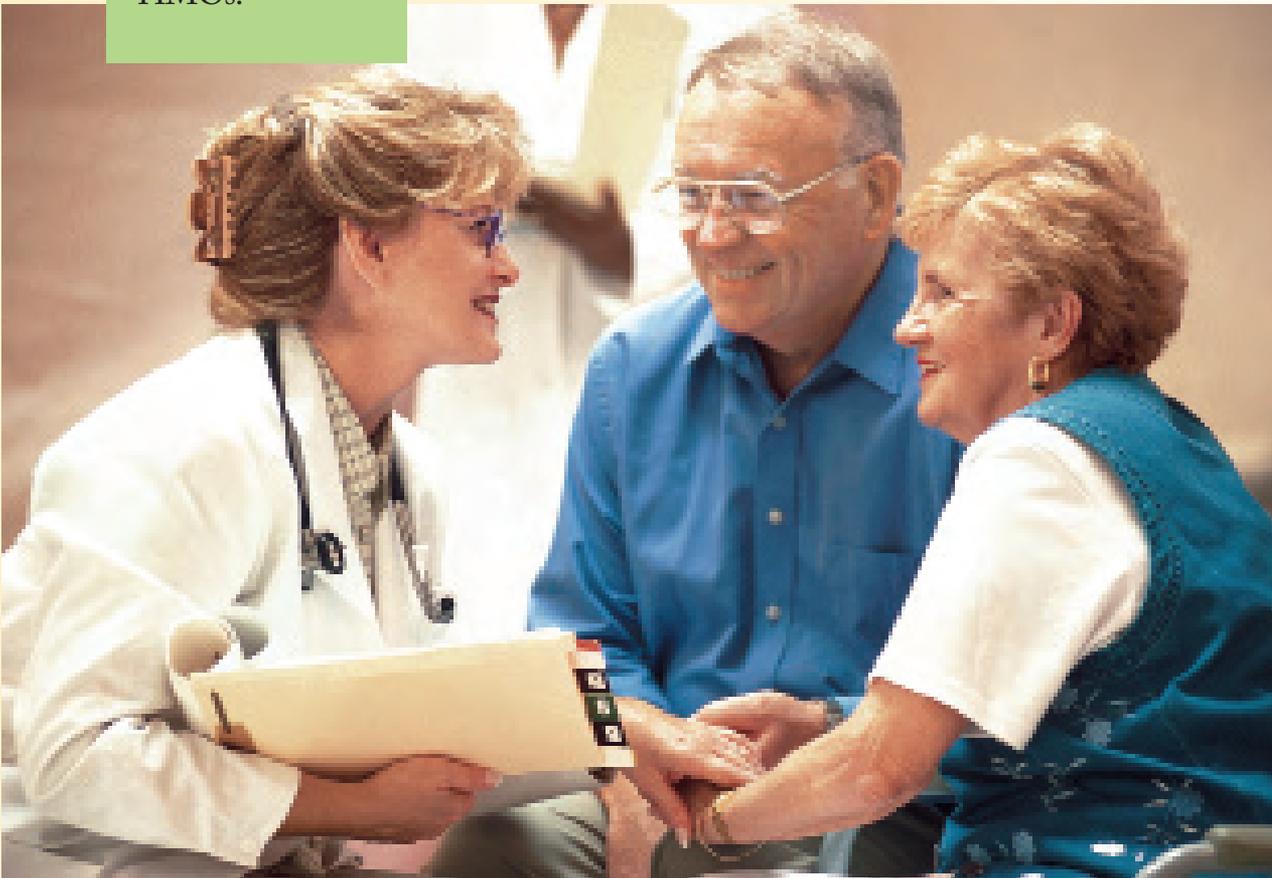
# Choosing a Medicare HMO

“We wanted to stay with our doctor, so we asked her if she was in the network of any Medicare HMOs.”

**N**ot all Medicare HMOs are the same. Before you choose one, be sure to compare both the benefits and the costs. The plan with the lowest monthly premium can cost you more if it has high co-pays or does not cover the services you need. And find out what your friends and other people think about the HMO.

**Compare benefits.** All Medicare HMOs cover the benefits in Parts A and B, which are listed on page 34. Some HMOs provide extra benefits that are not covered by Medicare. Most HMOs also provide Part D prescription drug coverage.

**Compare quality of care.** All HMOs are regulated by the State of California. This means they must meet basic standards of care. For help comparing Medicare HMOs and other Medicare Advantage plans in your area, call **HICAP**.



## Questions & Answers

How can I learn about the Medicare HMOs in my area?

Call **1-800-MEDICARE** or **HICAP**. Or go to Medicare Options Compare at **www.medicare.gov**.

I am confused by the different plans. How can I choose one?

It is often hard to compare plans. A **HICAP** counselor can show you the different plans in your area and help you compare them.

I have a chronic condition. What questions should I ask about a Medicare HMO?

See page 44 for a list of questions to ask. Also ask a **HICAP** counselor if your area has any Special Needs Plans for people with your chronic condition. These are a kind of Medicare Advantage plan.

## things you can do

- Before You Choose a Plan, Ask:**
- Does it serve the area I live in?
- Are people I know happy with the plan?
- How much will I have to pay?
- Does the plan cover the drugs I use now?
- Are my doctors in the plan's network?
- Is the hospital near my home?
- How much will I have to pay if I am in the hospital?
- What cancer treatments are covered and how much will I have to pay?
- Can I get a doctor who speaks my language?
- Does the plan offer any extra services that Medicare does not cover, like vision care?
- Does the plan offer a shuttle or van service to help me get to appointments?

## where to find help

### **1-800-MEDICARE**

Information and help with Medicare

**1-800-633-4227**      **www.medicare.gov**

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### **HICAP (Health Insurance Counseling & Advocacy)**

Free counseling and information on Medicare

**1-800-434-0222**      **www.aging.ca.gov/hicap**

**T**here are many rules about joining, changing, or leaving a Medicare HMO. Before you change, check with your current plan or call **HICAP**. Keep using your old plan until your new plan tells you that your new coverage has started.

## Enrollment Periods

There are several times when you can join or change your Medicare HMO. You can also return to Original Medicare and buy a Part D drug plan. These times include:

- **Initial Enrollment Period:** this is when you can first enroll in Medicare and join a Medicare HMO. It is a 7-month period, starting 3 months before the month of your 65th birthday and ending 3 months after.
- **Annual Election Period:** each year between November 15 and December 31.
- **Open Enrollment Period:** each year between January 1 and March 31. There are limits to the changes you can make to your Part D drug coverage during this period.
- **Special Enrollment Periods:** if your employee or retiree coverage ends, if you have Medi-Cal, if your HMO closes, if you move out of your HMO's service area, if you move into or out of a nursing home, and in some other cases.

Ron had to change Medicare HMOs while he was getting chemotherapy. He talked with his doctor to make sure that no treatments were missed.



## Questions & Answers

**My HMO is leaving the Medicare program. Will I lose my Medicare?**

No. You have a Special Enrollment Period to join another Medicare HMO or another kind of Medicare Advantage plan or return to Original Medicare.

**What if I move out of my HMO's service area?**

If you move, you must tell your HMO. You have a Special Enrollment Period to join a Medicare HMO or other Medicare Advantage plan in your new area or return to Original Medicare.

**Can I join a Medicare HMO if I have a pre-existing condition?**

Medicare HMOs must accept you even if you have a pre-existing condition, such as diabetes or heart disease. However, if you are on kidney dialysis, your choices may be limited. Call **1-800-MEDICARE**.

## things you can do

### To Change Your Medicare Advantage Plan

You can change to another Medicare HMO or Medicare Advantage plan during one of the enrollment periods listed on page 10.

- To change plans, just join a new plan. Your new plan will notify your old plan of the change.
- To join a plan, fill out an enrollment form. To get a form, call the plan, look on its website, or call **1-800-MEDICARE**.
- Continue to use your old plan until your new plan tells you that your new coverage has started.

### To Return to Original Medicare

Leaving a Medicare HMO is called disenrolling.

- If your current HMO has prescription drug coverage, you can return to Original Medicare by enrolling in a Part D prescription drug plan. When you do this, you will be disenrolled from the HMO and enrolled in Original Medicare.
- Or you can call **1-800-MEDICARE**.

### Medigap

If you return to Original Medicare, you can buy a Medigap policy to cover some of the costs that Original Medicare does not cover. There are certain times when you may be able to buy a Medigap policy without a health screening for pre-existing conditions. Call **HICAP**.

## where to find help

### 1-800-MEDICARE

Information and help with Medicare

**1-800-633-4227**

[www.medicare.gov](http://www.medicare.gov)

### HICAP (Health Insurance Counseling & Advocacy)

Free counseling and information on Medicare

**1-800-434-0222**

[www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)

# Paying for a Medicare HMO

**I**f you join a Medicare HMO, you still pay your Part B premium to Medicare. You also pay a monthly premium to your HMO.

Medicare HMOs can change fees and benefits once a year. They must tell you ahead of time, so you can change plans if you want to.

**Ask your Medicare HMO about these costs:**

- What is the monthly premium?
- Do you pay any deductibles? This is the amount you pay for services before your plan starts to pay.
- Do you pay a flat fee (called a co-pay) or a percent of the cost (called co-insurance) when you get a service?
- What is your co-pay or co-insurance for doctor visits, hospital stays, emergency room visits, and other services?
- Is there a limit to your yearly out-of-pocket costs? If your costs are so high that you reach the “yearly out-of-pocket maximum,” your HMO will cover most of your costs for the rest of the year.

**Medicare HMOs do not pay all your health care costs.**

Some services, such as nursing home care, are limited. You may have to pay high co-pays or deductibles for some care, like nursing home and hospital care.

You are usually charged a flat fee, called a co-pay, for each doctor visit.



## Questions & Answers

### What do I pay for prescription drugs?

There are several costs to know about. See page 14. You may have a separate deductible and yearly out-of-pocket limit for prescription drugs.

### Are all co-pays the same?

No. Plans have different co-pays for different services. For example, you may pay \$15 to see a primary care doctor and \$30 to see a specialist. Some co-pays are high. You may pay \$200 a day for a hospital stay. Or you may pay \$500 per hospital stay regardless of the number of days.

### What is a deductible?

It is what you pay each year before your plan starts to pay. Not all plans have a deductible.

## things you can do

### Keep Your Costs Down

Know what your HMO does and does not pay for. Ask your HMO for a Summary of Benefits.

### If You Get a Bill

You may be billed for your premium, co-pay, co-insurance, or deductible. In most other cases, providers in your HMO's network should not bill you for their services.

- If your letter says, "This is not a bill," you don't have to pay anything.
- Before you pay a bill, you can call your plan to make sure it is correct.
- Keep copies of all bills you pay, in case you have a problem.
- If your HMO will not pay your bill, but you think it should, see page 59.

### You Usually Have to Pay the Whole Bill If:

- You get services that are not part of your benefit package.
- You see a specialist without a referral from your primary care doctor.
- You see a provider who is not in your HMO's network.
- You get care outside your HMO's service area, unless it is emergency or urgent care.

## where to find help

### Medicare HMO Member or Customer Services

The number to call when you have a question about your plan. It is listed on your membership card.

**M**ost Medicare HMOs in California include Part D prescription drug coverage. This coverage is included in the monthly premium you pay to your HMO. Each HMO has different out-of-pocket drug costs.

## Ask your Medicare HMO about out-of-pocket drug costs:

- Do you pay a yearly deductible? This is the amount you pay for drugs each year before your plan starts to pay.
- Do you pay a flat fee (called a co-pay) or a percent of the drug cost (called co-insurance) whenever you fill a prescription?
- Is there a gap in the drug coverage? Most Medicare HMOs have a gap, called the “doughnut hole.” During the gap, some HMOs cover no drug costs. However, many HMOs cover some generic drugs during the gap.
- Is there a limit to your yearly out-of-pocket drug costs? If you reach this limit, your Medicare HMO will cover most of your drug costs for the rest of the year.

If you are in the drug coverage gap, or doughnut hole, and need help paying for your drugs, call **HICAP**.



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## Buying Medicare Part D

There are rules about when you can buy or change Part D drug coverage. See page 10.

## Questions & Answers

I do not have drug coverage. Should I buy Part D when I turn 65?

Yes. If you buy Part D later, you may have to pay higher premiums. And you may have to wait for an enrollment period. Call **1-800-MEDICARE** or **HICAP**.

Do I need Part D if I have drug coverage as an employee or retiree?

Only if your employee or retiree drug coverage is not “creditable.” Creditable coverage is as good as Medicare Part D or better. Your health plan should tell you in writing if your drug coverage is creditable. See pages 18–19.

The co-pay on a drug I need went up, and I can’t afford it. What can I do?

Your doctor can ask your HMO for an “exception.” For help call **HICAP**.

## things you can do

### Compare Prescription Drug Coverage

You can compare drug coverage in Medicare HMOs at [www.medicare.gov](http://www.medicare.gov). Or call **HICAP**.

### The Extra Help Program

You may qualify for Extra Help to pay for Part D drug costs. To learn how to apply, call **HICAP**. Extra Help is also called the low-income subsidy.

### Save Money on Drugs

- Many drug companies have programs to help people with low incomes pay for drugs. Call **HICAP**.
- When your doctor gives you a prescription, ask if your HMO covers it and if it is generic. Generic drugs usually cost less than brand-name drugs. See page 40.
- If you can’t afford to buy the drugs you need, tell your doctor. Ask about free samples.
- Compare prices at different pharmacies. Prices vary, especially for generic drugs.
- For more tips, visit [www.crbestbuydrugs.org](http://www.crbestbuydrugs.org).

## where to find help

### 1-800-MEDICARE

Information and help with Medicare

**1-800-633-4227**      [www.medicare.gov](http://www.medicare.gov)

### Consumer Reports Best Buy Drugs

Information to help you save money on drugs

[www.crbestbuydrugs.org](http://www.crbestbuydrugs.org)

### HICAP (Health Insurance Counseling & Advocacy)

Free information and counseling on Medicare

**1-800-434-0222**      [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)

Mrs. Garcia couldn't pay all her medical bills. She called HICAP. "HICAP told me about the Medicare Savings Programs and how to apply."

California has programs to help seniors with low incomes and limited assets pay for health care. You can have a home, one car, and some assets, like savings, stocks, or bonds. If you are not eligible for Social Security, you can still apply for these programs.

## Medi-Cal

Medi-Cal is the California name for Medicaid—the government health insurance program for people with low incomes. If you qualify for Medi-Cal, it will pay for most of your Medicare costs. Medi-Cal also covers long-term care and some other services that Medicare does not cover.

- To get Medi-Cal, your income and assets must be below certain limits.
- If your assets are low but your income is higher than the limit, you may qualify for the Medi-Cal Share of Cost program. You will have to pay part of your costs each month, and then Medi-Cal will pay part.
- For more information, call your county Social Services office.

## The Medicare Savings Programs

These programs pay for some Medicare costs. You may qualify for these programs if your assets are higher than the Medi-Cal limit but your income is low. To apply, call your county Social Services office. For more information, call **HICAP**.



## Questions & Answers

Are there any plans for people with Medicare and Medi-Cal?

Your area may have a Medicare Special Needs Plan for people who have both Medicare and Medi-Cal. To learn more about these plans, call **HICAP**.

My mother needs long-term care and has run out of money. What can she do?

She may be able to get Medi-Cal. Medi-Cal pays for long-term care in a nursing home or at home.

I applied for Medi-Cal. If I get it, should I stay in my Medicare HMO?

You should talk to a **HICAP** counselor who can explain all your choices.

## things you can do

### Apply for Medi-Cal

- Call your county Social Services office for an application.
- You can ask Medi-Cal to pay your health care costs for the 3 months before the month when you apply.

### Apply for a Medicare Savings Program

- If you already have Medicare Part A, call your county Social Services office.
- If you are just turning 65 and you have to pay for Medicare Part A, apply for Part A at your nearest Social Security office. You must apply between January 1 and March 31. Say that you want “conditional” Medicare Part A under the Qualified Medical Beneficiary program (QMB).
- For more information, call **HICAP** or visit [www.cahealthadvocates.org](http://www.cahealthadvocates.org).

## where to find help

### California Health Advocates

Information on Medicare

[www.cahealthadvocates.org](http://www.cahealthadvocates.org)

### HICAP (Health Insurance Counseling & Advocacy)

Free information and counseling on Medicare

**1-800-434-0222**     [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)

**W**hen you retire, your health coverage usually changes. If you have retirement health benefits, follow your employer's or union's rules carefully so that you do not lose your benefits.

## Enroll in Medicare Part B

Usually, you should sign up for Medicare Part B when you retire, even if you have retirement health coverage. You have 8 months to sign up, starting with the month your employment ends. If you wait, you may have to pay higher premiums.

**Buy Medicare Part D if you don't have "creditable" drug coverage.** Creditable coverage is coverage that is as good as Medicare Part D or better. If you have drug coverage as a retiree, your plan should tell you in writing if the coverage is creditable.

- If your drug coverage is creditable, you should keep it. If you buy separate Part D drug coverage, you might lose all your retiree health benefits.
- If you do not have any drug coverage or your drug coverage is not creditable, you should get Part D coverage. You should buy it within 2 months after your employee health coverage ends. If you wait, you may have to pay higher premiums.

Ron retired at 66.  
"When I was ready to retire, I called Social Security and enrolled in Medicare Part B."



## Questions & Answers

### Do I need Medicare Parts A and B if I have retirement health benefits?

Many retirement plans require you to have Parts A and B. Ask your employer or union how your retiree health plan works with Medicare.

### Do I need Medicare Part D if I have retirement health benefits?

Ask your union or employer if you need Part D. Read about creditable coverage on page 18. If you are not sure what to do, call **HICAP**.

### I like my HMO. Can I keep it when I am 65 and get Medicare?

Ask if your HMO has a Medicare version. Some of the rules, costs, and benefits will change.

## things you can do

### Before You Retire or Turn 65, Ask Your Employer:

- Will I still get health benefits when I am 65 and can get Medicare?
- When should I enroll in Medicare Part B?
- When should I buy Medicare Part D coverage?
- Will my spouse be covered by my retirement health benefits when he or she turns 65 or when I turn 65?

### If You Retire Before Age 65

If you do not have retirement health benefits, these programs can help you stay insured until you can get Medicare. You have to pay the monthly premiums.

- Ask your health plan or employer about COBRA and Cal-COBRA. They help you keep your employer's health plan for up to 3 years.
- If COBRA or Cal-COBRA run out before you are 65, ask your health plan about conversion coverage and HIPAA.
- Make sure you meet the deadlines for signing up for these programs. Call the **U.S. Department of Labor** or visit [www.healthhelp.ca.gov](http://www.healthhelp.ca.gov).
- If you have a pre-existing condition, try to keep your health coverage with these programs. It can be hard to get new coverage.

## where to find help

### Department of Managed Health Care Help Center

Information about COBRA and Cal-COBRA

**1-888-466-2219** [www.healthhelp.ca.gov](http://www.healthhelp.ca.gov)

### HICAP (Health Insurance Counseling & Advocacy)

Information on retiree plans and Medicare

**1-800-434-0222** [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)

### U.S. Department of Labor

Information about COBRA and HIPAA

**1-866-444-3272** [www.dol.gov/ebsa](http://www.dol.gov/ebsa)

“I didn’t think my treatment was working. But I didn’t know what to say to my doctor. So I asked my son to help me talk to my doctor.”

**M**aking health care decisions can be hard—whether you are choosing an HMO, finding a doctor, or deciding about treatments. If you know what your choices are and you speak up for what you need, you will probably get better care.

## Take Charge When You Need Information

- Make a list of your questions.
- Keep asking questions until you get the information you need.
- If you can’t get an answer to a question, get a name to call. Or ask to speak to a supervisor.
- Take notes.
- Write down the names of the people you talk to, and the dates and times of calls.
- For support, have a friend or relative with you.

## Consent Forms

When you get a treatment, you will be asked to sign a consent form. Make sure you understand what is being done and why. The form must be in your language, or in large print, audio, or Braille if you need it. If the form is hard to understand, ask your doctor to explain it. Get a copy of any form you sign.



## Questions & Answers

**Does it really help to speak up about a problem?**

Yes. Studies show that hospital patients who complain and demand better care really do get better care. They also recover faster.

**I want my daughter to understand my health care. Can she call my doctor?**

You must sign a form that allows your doctor to talk to your daughter. Ask your doctor for the form.

Also, ask if your HMO has online Personal Health Records. If you create one for yourself, you can give your daughter permission to see it. She can see it even if she lives in another city or state. Visit [www.opa.ca.gov](http://www.opa.ca.gov).

## things you can do

### Get to Know Your HMO

- Always carry your HMO membership card with you.
- If you have a question, call your HMO. The number is on your membership card.
- Know what your HMO will and won't pay for. Ask for a Summary of Benefits.

### You Have the Right to See and Copy Your Medical Records

- Ask your doctor's office how to see your records.
- It's a good idea to get a copy of your medical records in case you change doctors or health plans. There may be a copying fee.
- If you don't agree with something in your records, talk to your doctor or call your HMO.
- You can ask your doctor to put things in your records, such as your family health history or your Advance Health Care Directive.
- You can create a Personal Health Record online. You can use it to put all your medical records in one place. Ask your HMO or visit [www.opa.ca.gov](http://www.opa.ca.gov).

### Save Copies of These Documents

- Lab reports
- Vaccination records
- Test results
- Treatment information
- Medical bills
- Letters you send to your HMO
- Information on your HMO's benefits and fees

## where to find help

### Office of the Patient Advocate

Information on Personal Health Records

[www.opa.ca.gov](http://www.opa.ca.gov)

“I really wanted a doctor with my cultural background. I called my HMO and they helped me find one.”

**Y**our primary care doctor gives you basic care, oversees your treatments, and refers you to specialists. In many Medicare HMOs, you must have a primary care doctor. If you don't choose one, the HMO may choose one for you. You can change doctors if you want to.

**It's a good idea to have your own doctor.**

- Your doctor can help you understand your care and get the services you need.
- Over time your doctor gets to know you and can watch for changes in your health.

**Your doctor has a duty to make sure you get the care you need.**

- He must tell you all of your treatment choices.
- If he can't see you, you must be able to see another doctor.
- If he leaves your plan, you must be told ahead of time so you can choose another doctor.

## Medical Groups

Most doctors are in a medical group. This is a group of doctors who have a contract with the HMO. Most of the specialists you see will also be in your doctor's medical group.



## Questions & Answers

### Can I keep my old doctor if I join a Medicare HMO?

You can keep your old doctor only if the doctor is in the Medicare HMO's network. The network includes all the doctors who have a contract with the HMO.

### What if I don't like my doctor?

You can choose a new doctor. It can take up to a month to get a new doctor.

### What if my doctor leaves my HMO?

You must choose a new doctor in your HMO's network. Ask your old doctor to recommend one. If you are being treated for a serious health problem, you may be able to keep your old doctor for a while. Call your HMO.

## things you can do

### Ask Your Medicare HMO for a List of Doctors

Ask for a list of primary care doctors in the HMO's network. Or look in the provider directory on your HMO's website. Ask friends which doctors they know and like. Print a Health Worksheet, "Choose a Doctor," at [www.opa.ca.gov](http://www.opa.ca.gov).

### Compare Doctors

Call the offices of several doctors. Ask:

- Is the doctor taking new patients?
- What is the doctor's medical training?
- Can the doctor help me with my specific problems?
- What kinds of specialists are in the doctor's medical group?
- Which hospitals does the doctor refer to?
- How long does it take to get an appointment?
- How will I reach the doctor if I have a problem between visits?

### Compare Medical Groups

The specialists you see are usually in the same medical group as your doctor. For information on the quality of medical groups, visit [www.opa.ca.gov](http://www.opa.ca.gov).

### Sign Up with Your New Doctor

When you think you have found a doctor and medical group that meet your needs, call your HMO and ask to sign up with the doctor. Then make a new-patient appointment with the doctor.

## where to find help

### Office of the Patient Advocate

Information on medical groups; print a Health Worksheet, "Choose a Doctor" [www.opa.ca.gov](http://www.opa.ca.gov)

**T**o get good health care, you must be able to talk freely with your doctor. Be as open as you can—the more your doctor knows about you, the better care she can give you. And let your doctor know if you don't understand what she says. Keep asking questions until you are sure you understand.

## Make the Most of Your Doctor Visits

Most doctor visits are short. Plan ahead so you can cover everything. You can print a Health Worksheet, “*Make the Most of Doctor Visits*,” at [www.opa.ca.gov](http://www.opa.ca.gov).

- Bring a list of your questions and concerns.
- Bring a list of your prescription and over-the-counter drugs.
- Bring someone to help listen and take notes.
- Ask the doctor to explain things in simple terms.
- Ask your doctor to write down your diagnosis and treatments.
- Ask about shots, routine tests, and screenings you should have.
- Get slips for lab or screening tests, prescriptions, and referrals.
- If you have a lot to talk about, ask for another visit.

**Check with your doctor when these things happen.** Make sure she has your latest records. Tell her any new medicine you have been prescribed:

- When you get a new doctor.
- When you've been to the emergency room.
- When you have been discharged from the hospital.
- When you have seen a specialist.
- When you have received care outside your HMO.
- When you have received care while you are traveling.

Brenda helped her brother ask all his questions. “We asked his doctor to explain the lab tests in plain English.”



## Questions & Answers

**My doctor is always in a hurry. How can I get him to listen?**

Doctors are often in a hurry. If you don't feel that your doctor is listening, repeat your questions. Ask him to explain his answers. If you still feel that he does not listen, you may want to change doctors.

**How do I know what to tell my doctor? I don't know which symptoms are important.**

Tell your doctor all of your symptoms and concerns—what hurts, where it hurts, when it hurts. And ask all your questions: “Should I be worried?” “What should I do?”

## things you can do

### When You Make an Appointment

- Ask how long you will have to wait after you check in.
- Ask if you need to do anything to prepare for your visit.
- Ask for a longer appointment if you need one.
- Ask for an interpreter if you need one. See page 32.
- If this is your first visit, ask how to get to the office and where to park.
- If you do not drive, ask if there is a van or shuttle service.
- If you have a disability, ask about access. See page 30.

### How to Reach Your Doctor Between Visits

- Call, fax, or e-mail your doctor's office.
- Leave your name and phone number, your HMO membership number, and the best times to call you back.
- Explain briefly what you are calling about.
- Ask who will get back to you—your doctor, a nurse, or someone else.
- If your doctor's office doesn't return your calls, call your HMO. The phone number is on your membership card.

## where to find help

### Office of the Patient Advocate

Print a Health Worksheet, “*Make the Most of Doctor Visits*”

[www.opa.ca.gov](http://www.opa.ca.gov)

“My doctor and I talked about ways to manage my back pain. We agreed on a treatment plan that I think I can follow.”

**I**t is not always easy to decide on treatment. Most treatments have risks as well as benefits. Talk with your doctor to learn about your choices, so you can make an informed decision.

## Compare Treatments

Ask your doctor to tell you:

- Why you need treatment.
- All your treatment choices, even if your plan does not cover all of them.
- The risks and benefits of each treatment.
- Which treatment is most likely to help.
- How long each treatment will take.
- How long it will take to recover.
- How much each treatment will cost.
- How much discomfort or pain you will have with each treatment.

## Get a Second Opinion

You can ask your HMO for a second opinion if:

- Your problem or the cause is unclear.
- You are not sure about surgery.
- You have doubts about a treatment for a serious health problem.
- Your treatment is not working.



## Questions & Answers

How can I get a second opinion from a doctor outside my Medicare HMO?

You must ask for approval from your HMO. Your HMO must reply in 11 days, or 3 days if your problem is urgent. Or you can pay for the visit yourself.

What if my HMO won't pay for the treatment my doctor recommends?

You can file an appeal. See page 58.

I read about an experimental treatment for my disease. Can I get it?

First ask your doctor about it. Your doctor will need to show your HMO why you need the treatment. Visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

What if I don't want any treatment?

You have the right to refuse treatment for yourself.

## things you can do

### Ask Your Doctor About Your Treatment

- What are common side effects? How can they be treated or prevented?
- What should you do if you have a side effect?
- How will you know if your treatment is working or if it should be stopped?
- What can you do if you're in pain? See page 45.

### Learn About Your Condition

- Visit your local library or a hospital library.
- Look for a group that helps people with your condition.
- Call **Medline Plus** or **National Institute on Aging**. Visit [www.healthfinder.gov](http://www.healthfinder.gov).
- To learn about lab tests, visit [www.labtestsonline.org](http://www.labtestsonline.org).

## where to find help

### Clinical Trials

Information on current research on treatments  
[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

### Healthfinder

Easy-to-use health website [www.healthfinder.gov](http://www.healthfinder.gov)

### Lab Tests Online

Information on lab tests [www.labtestsonline.org](http://www.labtestsonline.org)

### Medline Plus

Information on many treatments and conditions  
**1-888-346-3656** [www.medlineplus.gov](http://www.medlineplus.gov)

### National Institute on Aging

Information for seniors  
**1-800-222-2225** [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov)

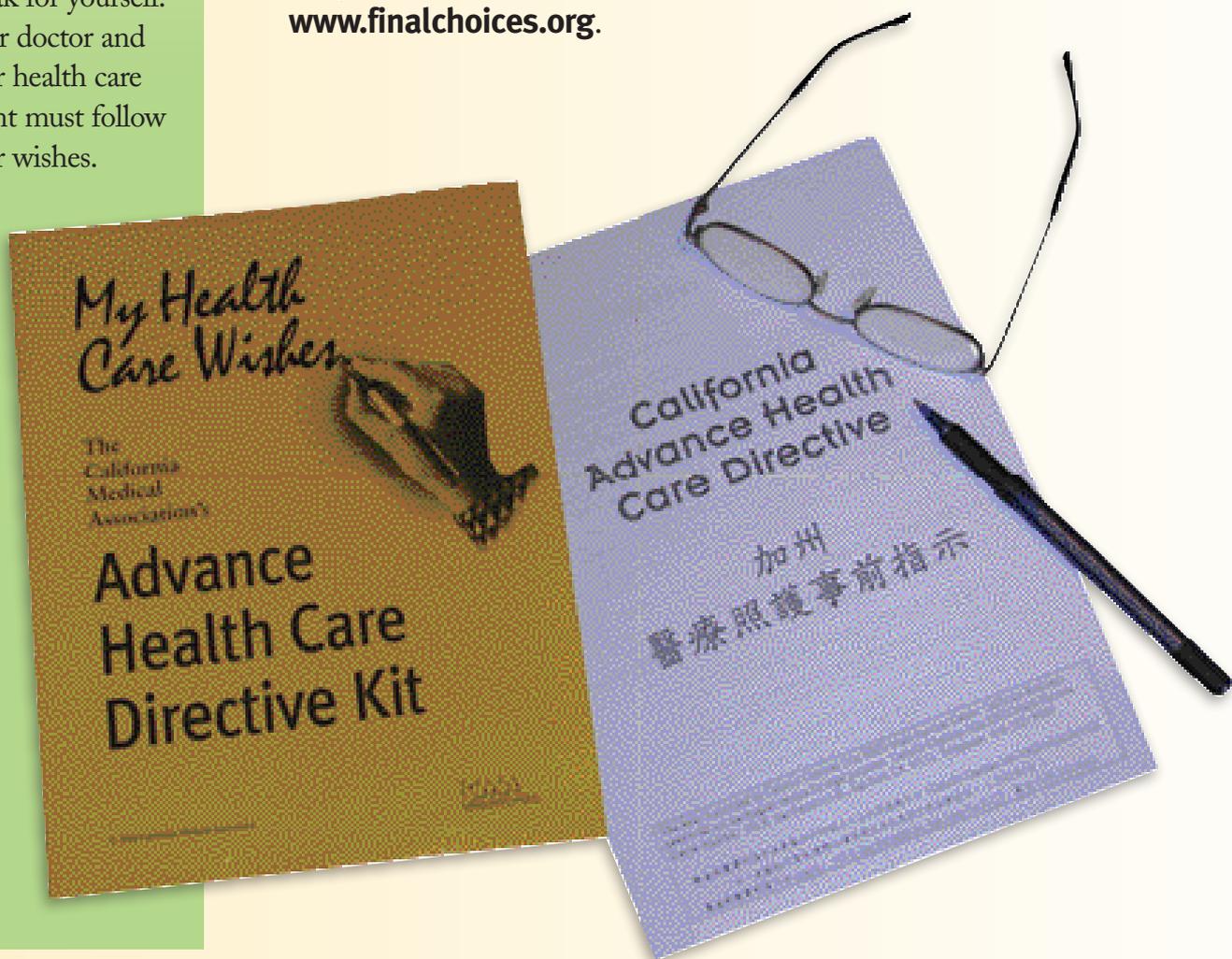
Fill out an Advance Health Care Directive to say what care you want if you can't speak for yourself. Your doctor and your health care agent must follow your wishes.

**T**here are things you can do now to give you more control over your care in the future. This can prevent confusion, worry, and disagreements among family members. Make sure your doctor knows your wishes, too.

## The California Advance Health Care Directive

This is a form that allows you to say what care you want or do not want if you cannot make decisions for yourself.

- For example, you can say whether you want to be put on a respirator and how much pain relief you want.
- You can name a person to act as your health care agent. This person can make health care decisions for you if you can no longer speak for yourself. Your health care agent is also called your Durable Power of Attorney for Health Care.
- To get a form, visit [www.calhospital.org/publications](http://www.calhospital.org/publications) or [www.finalchoices.org](http://www.finalchoices.org).



## Questions & Answers

**I filled out an Advance Health Care Directive. What do I need to do now?**

Sign and date your directive and have two other people sign it. Or have a notary public witness your signature. Keep the original, signed document. Give copies to your doctor and to your health care agent.

**It's scary to think of letting someone make decisions about my health. How do I choose a health care agent?**

Choose someone you know well and trust, like a spouse, partner, close relative, or friend. The person should know your values and beliefs and be able to act on them. Choose a back-up person also.

**Does my health care agent have control over my money?**

No. If you want someone to pay your bills and manage your money, talk to your bank or lawyer.

## things you can do

### Make Sure Others Know Your Wishes

- Give a copy of your Advance Health Care Directive to your doctor and your health care agent. Discuss your wishes with them. The law says that they must follow your wishes.
- Talk to your family and close friends about your wishes. Tell them where your Advance Health Care Directive is.

### If You Are in a Hospital or a Nursing Home

Make sure your doctor and the hospital or nursing home have a copy of your Advance Health Care Directive. Make sure they understand what care you want.

## where to find help

### California Coalition for Compassionate Care

Advance Health Care Directive forms

[www.finalchoices.org](http://www.finalchoices.org)

### California Hospital Association

Advance Health Care Directive forms

**1-800-494-2001**

[www.calhospital.org/publications](http://www.calhospital.org/publications)

# If You Have a Disability

**A**s we age we are more likely to have disabilities. If you already have a disability, your care may become more complex. Look for a doctor who will help you get the services you need. For example, you may need to see a specialist more often. Your Medicare HMO must pay for these services if there are medical reasons why you need them.

If you enrolled in Medicare before age 65 because of a disability, some of your choices might change when you turn 65. Call **1-800-MEDICARE**.

Most counties have van service for seniors and people with disabilities. To find it, call **Senior Information Line**.



## Your Right to Access to Care

Your Medicare HMO must help you find ways to get the health care you need. For example, you may need:

- Access services, such as a ramp to get into your doctor's office.
- Extra time for visits.
- A sign language interpreter.
- Health information you can use if you are blind or have low vision.
- Special medical equipment, like an exam table or a scale for people who use wheelchairs.
- Your service animal with you in the exam room.

## Questions & Answers

**I have a disability. Will a Medicare HMO accept me?**

Yes. Medicare HMOs must accept you. And they can't charge seniors with disabilities more than other seniors.

**I have a rare condition. There's a new treatment that might help, but my HMO won't pay for it. What can I do?**

Discuss the new treatment with your doctor. You can appeal your HMO's decision. See page 58.

**Where can I learn more about my rights as a disabled person?**

Call **Disability Rights California** or read "*Through the Maze*" at [www.dralegal.org/publications](http://www.dralegal.org/publications).

## things you can do

### When You Make an Appointment

Let your provider know ahead of time if you will need certain services or equipment, such as help getting onto an exam table, extra time for an appointment, a sign language interpreter, or an accessible bathroom. For Health Worksheets on "*Communication Assistance*" and "*Physical Access*," visit [www.opa.ca.gov](http://www.opa.ca.gov).

### For More Services

- To find local services, call **Senior Information Line**.
- To find services for people with disabilities, call your local Independent Living Center. To find it, visit [www.cfilc.org](http://www.cfilc.org).

## where to find help

### 1-800-MEDICARE

Information on Medicare

**1-800-633-4227**

[www.medicare.gov](http://www.medicare.gov)

### CA Foundation for Independent Living Centers

Resources for people with disabilities

[www.cfilc.org](http://www.cfilc.org)

### Disability Rights Advocates

Find "*Through the Maze*," a guide to the health care rights of people with disabilities

[www.dralegal.org/publications](http://www.dralegal.org/publications)

### Disability Rights California

Advocacy for the rights of people with disabilities

**1-800-390-7032**

[www.pai-ca.org](http://www.pai-ca.org)

### Senior Information Line

Find local support services for seniors

**1-800-510-2020**

[www.aging.ca.gov](http://www.aging.ca.gov)

# If You Need Help in Your Language

“It is hard for my son to translate medical information when he’s worried about my health. So I ask for an interpreter to be there, too.”

**Y**ou have the right to language assistance. Ask your Medicare HMO to help you find doctors who speak your language. Or ask for an interpreter. Ask for consent forms, prescription drug information, and other instructions in your language.

Professional medical interpreters are trained to interpret health information correctly. They must keep all your information private. The interpreter may be in the same room with you and the doctor, or may be on the telephone or a video screen.

**You have the right to an interpreter when you need to:**

- Tell your symptoms or medical history to your doctor.
- Understand your health problem or treatment choices.
- Understand instructions about medicines, medical equipment, or follow-up care.

## You and Your Doctor

Make sure that you and your doctor understand each other. If something is not clear to you, repeat it in your own words. If you have an interpreter, ask the interpreter to translate your words back to the doctor.



## Questions & Answers

How can I make sure I get the language assistance I need?

Ask your HMO, doctor, and pharmacy to make a note of the assistance you need.

My doctor's office said I should bring someone to interpret for me. Do I have to?

No. Your doctor should provide an interpreter. If you have a problem, call your HMO. If that does not help, see page 60.

Do I have to pay for an interpreter?

This service is usually free. Check with your HMO.

What if I use sign language?

You have the right to a sign language interpreter. Try not to rely on lip-reading. For more information, call **Deaf Counseling, Advocacy, and Referral Agency**.

## things you can do

### Making Appointments

- Ask if your doctor or HMO has staff who speak your language and can help you make appointments.
- If you will need an interpreter, tell your doctor's office as far ahead as you can.
- Ask your doctor's office to note in your medical record that you need an interpreter and need documents in your language.

### Find a Doctor

- Ask your HMO for a list of doctors who speak your language.
- Your HMO's website may have a provider directory that lists the languages the doctors speak.

### For More Information

- To compare HMOs' language services, visit [www.opa.ca.gov](http://www.opa.ca.gov).
- For more resources and information in Spanish and Chinese, visit [www.opa.ca.gov](http://www.opa.ca.gov).

## where to find help

### Deaf Counseling, Advocacy, and Referral Agency

Resources for people who are Deaf

**1-877-322-7299**

**1-877-322-7288** (TTY)

[www.dcara.org](http://www.dcara.org)

### Office of the Patient Advocate

Information on HMOs' language assistance services

[www.opa.ca.gov](http://www.opa.ca.gov)

**W**hen you get health insurance, you get a set of services called a benefit package. All Medicare HMOs must offer the same benefits that Original Medicare covers. These are the Medicare Part A and B benefits. However, the costs may be different. Most Medicare HMOs in California also include Part D prescription drug coverage.

Marvin is having some routine tests. All Medicare HMOs cover care like this to find and help prevent problems.

## Medicare Basic Benefits

All Medicare HMOs offer these benefits:

- Doctor services
- Hospital and outpatient services
- Lab work like blood tests and urine tests
- Tests like x-rays and colonoscopies
- Preventive care, like vaccinations
- Emergency and urgent care
- Some physical and occupational therapy
- Some home health or nursing home care
- Hospice care for people who are terminally ill
- Mental health care
- Diabetes home care supplies
- Drug and alcohol treatment



## Questions & Answers

**How can I find out exactly what my Medicare HMO covers?**

Your HMO must give you a written list of what your plan does and does not pay for. This may be called the Evidence of Coverage or Summary of Benefits. If you do not have one, call your plan.

**Can I use any benefit?**

You can use your benefits when they are needed for your health care. If you have a problem getting services you medically need, see page 58.

**What should I do if I'm sick?**

If you're sick, call your doctor. Or call your Medicare HMO's advice nurse if there is one. You may not need to visit the doctor's office if they can tell you what to do to feel better. But if you think you need an appointment, make sure you get one.

## things you can do

### Learn About Your Benefits

- Your Evidence of Coverage is your contract with your HMO. It explains your benefits and fees.
- For easier reading, ask for a Summary of Benefits.
- Have a question? Call your HMO or **HICAP**.

### When You Travel

- Make sure you know your HMO's rules for getting care away from home.
- HMOs only pay for urgent and emergency care outside the service area.
- You usually need your HMO's approval to get urgent care.
- Always take your membership card and extra medication with you when you travel.

### Vision, Hearing, and Dental Care

Some Medicare HMOs offer benefits that Original Medicare does not cover, such as dental, vision, or hearing care. Some plans cover part of the cost of glasses or hearing aids. Ask if your plan covers these services, or if you could buy coverage for an extra fee.

## where to find help

### 1-800-MEDICARE

Information on Medicare benefits

**1-800-633-4227**

**[www.medicare.gov](http://www.medicare.gov)**

### HICAP (Health Insurance Counseling & Advocacy)

Free information and counseling on Medicare

**1-800-434-0222**

**[www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)**

“When I saw my doctor, he found that I have high blood pressure. He put me on medication. He also said I should start exercising to help keep my blood pressure under control.”

**P**reventive care helps your doctor prevent health problems or find them before they become serious. It includes services like physical exams, routine tests, and vaccinations.

**Make the most of your preventive care visits.** Ask questions about things that have been bothering you. Remember moles that have changed, pains that come and go. These exams are a chance to look at the health of your whole body.

**Have a schedule for preventive care.** Your HMO may have a schedule for preventive care and tests. Talk to your doctor if you think you need exams or tests more often or less often. You can print a Health Worksheet on “*Care for Adults 50+*” at [www.opa.ca.gov](http://www.opa.ca.gov). Take it to your next exam.



## Questions & Answers

**Will my plan pay for preventive care when I'm traveling?**

No. If you're outside your HMO's service area, only emergency and urgent care are covered. See page 49.

**Will my Medicare HMO pay for physical exams?**

Most Medicare HMOs cover physicals with no co-pay. Ask your doctor how often you should have a physical.

**Where can I learn more about staying healthy as I age?**

For information on healthy aging, call the **National Institute on Aging**.

## things you can do

### How Often Should You Have an Exam?

Ask your doctor how often you should have exams and tests, such as:

- Complete physicals
- Hearing and vision exams
- Colon cancer screenings
- Prostate exams, for men
- Pelvic exams and mammograms, for women

### Ask Your Doctor About These Shots

- A tetanus booster shot every 10 years.
- A flu shot every year.
- A pneumonia shot at age 65.
- A shot to prevent shingles.

### Routine Tests and Procedures

- Before you have a test, ask why it is being done, how it will be done, and if there are any risks.
- If a health problem runs in your family, talk to your doctor. You may need tests more often.
- Make sure you get the results of your tests. Ask your doctor what they mean. To learn about tests, visit [www.labtestsonline.org](http://www.labtestsonline.org).

## where to find help

### Lab Tests Online

Learn about lab tests [www.labtestsonline.org](http://www.labtestsonline.org)

### National Institute on Aging

Information on many health topics for older adults  
**1-800-222-2225** [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov)

### Office of the Patient Advocate

Print a Health Worksheet on “Care for Adults 50+”  
[www.opa.ca.gov](http://www.opa.ca.gov)

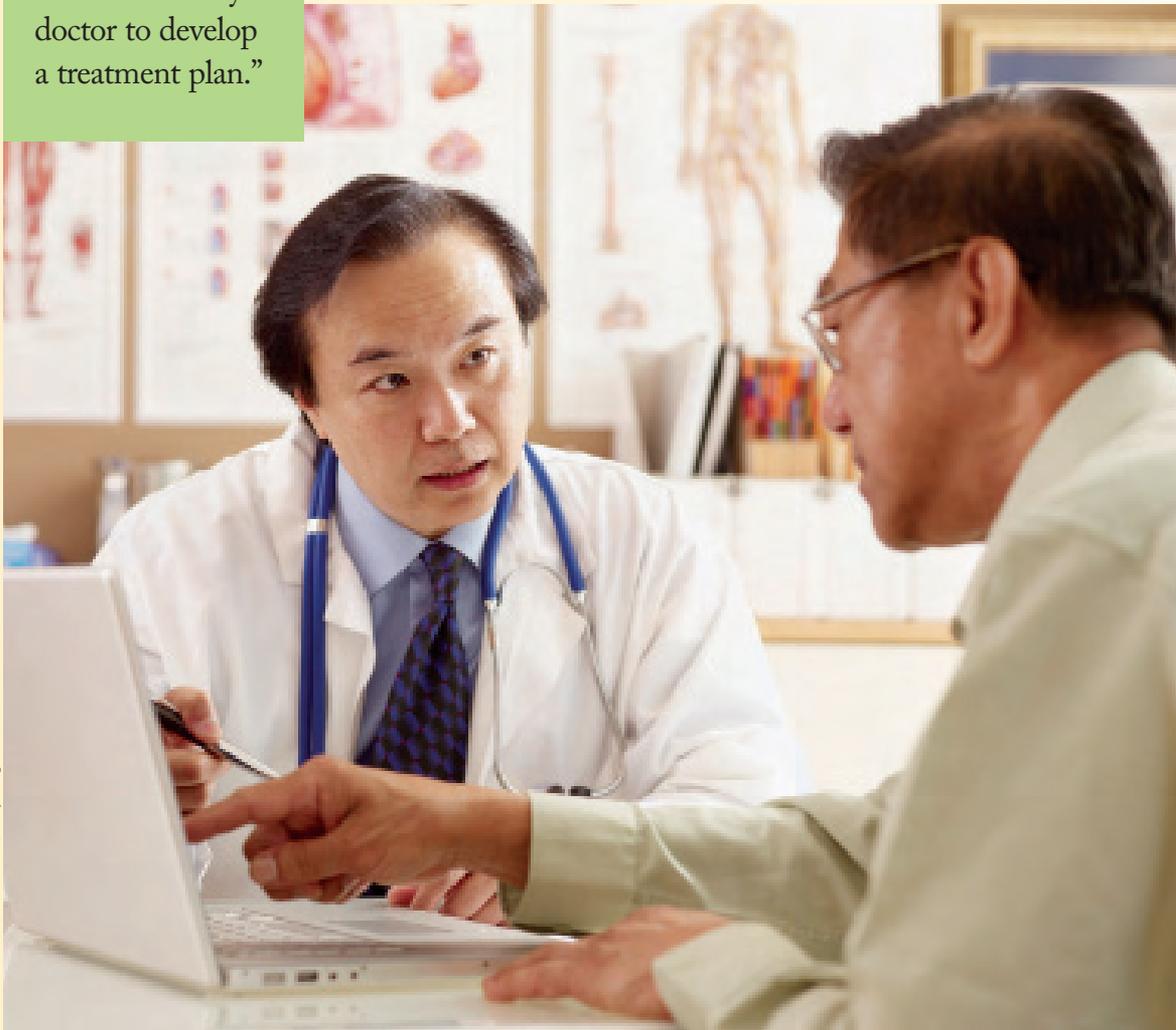
“After I had a heart attack, my doctor gave me a referral to a heart specialist. He worked with my doctor to develop a treatment plan.”

A specialist is a doctor who has extra training in one area of medicine. For example, a gerontologist is trained to treat the problems of aging and an oncologist is trained to treat cancer.

You usually need a referral from your primary care doctor to see a specialist. In most cases, you must see specialists who are in your Medicare HMO's network.

**Your doctor may refer you to a specialist if:**

- You need treatment from a doctor with special training.
- Your test results are unclear.
- The treatment you are getting now is not helping you.
- You need a doctor who knows more about treating your health problem.



## Questions & Answers

**Do I need a referral if I am seriously ill?**

Yes. If you are not in immediate danger, you need a referral first. Ask your doctor for an “expedited referral.” Your HMO must reply to your request in 3 days or less.

**I need ongoing care from a specialist. Do I need to get a referral for each visit?**

Ask your primary care doctor for a “standing referral.” It lets you see the specialist without getting a new referral each time.

**I want to see a specialist who’s not in my Medicare HMO’s network. Will the HMO pay for it?**

You must show that there is no specialist in your HMO who can give you the care you need. If your HMO disagrees with you, you can file an appeal. See page 58.

## things you can do

### Choosing a Specialist

- Ask your doctor to give you the name of a specialist. Or ask your HMO for a list of specialists.
- If you need a procedure or operation that is risky, look for a specialist in your plan who has done the procedure many times.
- To learn about specialists, visit [www.abms.org](http://www.abms.org).

### Getting a Referral

- Ask your doctor how to see a specialist in his medical group.
- Ask how to see a specialist who is in your Medicare HMO’s network but not in your doctor’s medical group.
- It usually takes about 5 working days to get a referral.
- If your problem is urgent, ask for an expedited referral. This takes 3 days or less.

### If You Have a Problem

- Many specialists have long waiting lists. If the wait is too long, ask your doctor for a referral to another specialist.
- If you can’t get a referral, your doctor should tell you why. If you disagree, you can file an appeal with your Medicare HMO. See page 58.

## where to find help

### American Board of Medical Specialties

Information about specialists’ training

**1-866-275-2267**

[www.abms.org](http://www.abms.org)

Phil carefully reads the label on his new medicine. He makes sure it's the correct medicine and that he understands how to take it.

**M**ost Medicare HMOs include Part D prescription drug coverage. You cannot enroll in a stand-alone Medicare Part D plan and stay in your Medicare HMO.

## The Drug Formulary

All HMOs have a list of drugs they cover, called a formulary. In general, the drugs you take must be on the formulary.

### If you need a drug that is not on the formulary:

- Ask your doctor if there is another drug on the formulary that you could take.
- Or ask your doctor to request an exception—your doctor must explain to your Medicare HMO why you need a drug that is not on the formulary. See page 59.
- To learn more about exceptions and appeals, visit [www.cahealthadvocates.org](http://www.cahealthadvocates.org).

### Generic Drugs

Your HMO's formulary includes many generic drugs. When a company's patent on a drug runs out, other companies can make the drug and it costs less. The generic drug has the same active ingredients as the brand-name drug. For more information, visit [www.crbestbuydrugs.org](http://www.crbestbuydrugs.org).



## Questions & Answers

**Can my HMO take my medicine off the formulary?**

Usually, during the year, a Medicare HMO cannot take your medicine off the formulary. If this does happen, ask your doctor to request an exception. See page 59.

**I saw an ad for a new drug but my doctor says I can't get it. Why?**

He may think you don't need it. If your doctor thinks you need it but it's not in your HMO's formulary, you can request an exception. See page 59.

## things you can do

### When You Start a New Medicine

- Ask your doctor about the medicine's side effects, risks, and benefits.
- Ask what could happen if you go without the medicine.
- Ask if there are other treatments.
- Ask if the new medicine is safe to take with your other medicines.
- Tell your doctor all the allergies or bad reactions you have had to drugs.
- Tell him if a drug does not seem to be helping.
- Never cut pills in half or take them less often without talking to your doctor first.

### Work with Your Pharmacy

- When you pick up a prescription, make sure it's correct.
- Talk to the pharmacist when you get a new medicine.
- Tell your pharmacist all the medicines, vitamins, and herbs you take. Ask about drug interactions. Visit [www.drugdigest.org](http://www.drugdigest.org).
- If you are going on a trip, ask for a vacation supply. Or ask if you can get refills at other pharmacies.

## where to find help

### California Health Advocates

Information on exceptions and appeals  
[www.cahealthadvocates.org](http://www.cahealthadvocates.org)

### Consumer Reports Best Buy Drugs

Information on drugs [www.crbestbuydrugs.org](http://www.crbestbuydrugs.org)

### Drug Digest

Check drug interactions online  
[www.drugdigest.org](http://www.drugdigest.org)

“After I fell, I needed a walker to help me get around. I talked to my doctor and he asked my Medicare HMO to approve a walker for me.”

**M**edicare HMOs cover some medical supplies and equipment. You need a prescription from your doctor. You pay a co-pay or a part of the cost.

**Medicare HMOs cover ostomy and diabetes supplies.** Usually they do not cover bandages, rubber gloves, and irrigating kits.

**Medicare HMOs only pay for durable medical equipment (DME) that you medically need**—like a hospital bed, walker, or wheelchair that you need because of an illness or injury. They also cover oxygen tanks and ventilators. You usually pay about 30% of the cost.

- Medicare does not cover air conditioners, dehumidifiers, or home modifications.
- Some Medicare HMOs cover part of the cost of hearing aids.

## If You Have Medicare and Medi-Cal

If your Medicare HMO does not cover the equipment you need, call your county Medi-Cal office. Or call the durable medical equipment supplier.



## Questions & Answers

### Do Medicare HMOs cover diabetic supplies?

Yes. They cover test strips, glucose meters, lancets, insulin, insulin pumps, and therapeutic shoes. You may pay a co-pay. And there may be limits on how many supplies you can get and how often you can get them.

### What if my Medicare HMO paid for a walker and now I need a wheelchair?

If you can walk with the walker, your HMO probably will not pay for a wheelchair. If you can no longer use a walker, ask your doctor to request a wheelchair.

### What can I do if my Medicare HMO won't pay for medical equipment that my doctor and I think I need?

You can file an appeal. See page 58.

## things you can do

### Your HMO Must Cover:

- Most home care supplies if you have diabetes.
- One pair of eyeglasses or contact lenses if you have cataract surgery. Some HMOs cover additional eye care.
- Breast prostheses if you have a mastectomy.
- Ostomy supplies that your doctor says you need.
- An artificial limb if you lose an arm or leg.
- A brace if you injure your arm, leg, back, or neck.

### For More Information

- For more information on what Medicare covers, call **1-800-MEDICARE** and ask for Pub. No. 11045. Or find the publication at [www.medicare.gov/publications](http://www.medicare.gov/publications).
- For more information about equipment for people with disabilities, call **AT Network**.
- Look at your HMO's Evidence of Coverage.

## where to find help

### 1-800-MEDICARE

Information on coverage of medical equipment; ask for Pub. No. 11045

**1-800-633-4227**

[www.medicare.gov/publications](http://www.medicare.gov/publications)

### AT Network

Tools and assistive technology for seniors and people with disabilities

**1-800-390-2699**

[www.atnet.org](http://www.atnet.org)

Leon took a chronic disease management class at his HMO. He learned ways to eat and exercise to help control his blood sugar.

**M**any of us have chronic conditions, such as arthritis, diabetes, or heart disease. Many Medicare HMOs offer treatments and classes that can help you manage your condition and stay as healthy as possible.

## When You Choose a Medicare HMO

Ask how many doctors have experience with your condition. Ask if they are taking new patients. And ask:

- Are the treatments you are now getting covered?
- Are the medicines you're taking covered?
- Is there a treatment plan for your condition?
- Is there a disease management program you could take?
- What diagnostic tests can you get?
- What is covered if your condition improves? If it gets worse?

## Special Needs Plans

Special Needs Plans are Medicare Advantage plans. Some Special Needs Plans are designed to provide better care for people with specific conditions, like heart problems. Call **HICAP** to find out if there are any Special Needs Plans for your condition in your area.



## Questions & Answers

**My arthritis gives me pain all the time. What can I do?**

Talk to your doctor about a treatment plan. This might include physical therapy, exercise, relaxation classes, and acupuncture or chiropractic treatments. Ask if your HMO has a pain management program. Visit [www.theacpa.org](http://www.theacpa.org).

**Will my HMO cover treatments even if my condition is not likely to improve?**

Yes. Your plan must cover services that you need to keep your condition stable or slow down a decline in your health.

**My doctor does not seem to know much about my condition. What can I do?**

Ask your HMO to help you find a doctor who has more experience with your condition.

## things you can do

### Make a Treatment Plan with Your Doctor

- Your treatment plan includes care to keep your condition from getting worse.
- It may also include treatments to improve your condition.
- Ask what specialists you need to see and how often you can see them.
- Make sure your specialists report back to your primary care doctor.
- Tell your doctors if your symptoms change.

### Ask About a Disease Management Program

Ask if your HMO has disease self-management programs. You can learn ways to manage your condition through diet, exercise, relaxation, pain management, and other techniques.

### Find Out About Your Condition

For information on chronic conditions, call the **National Institute on Aging** or **Medline Plus**. See pages 64–66 for more resources.

## where to find help

### American Chronic Pain Association

Support and information for people with chronic pain  
**1-800-533-3231**      [www.theacpa.org](http://www.theacpa.org)

### Medline Plus

Information on many treatments and conditions  
**1-888-346-3656**      [www.medlineplus.gov](http://www.medlineplus.gov)

### National Institute on Aging

Health information for seniors  
**1-800-222-2225**      [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov)

**M**any people deal with problems like depression and anxiety. Services like counseling, medication, or hospital care help people deal with these problems.

Medicare HMOs provide some mental health coverage. Your costs may be different from your costs for other services.

## Medicare HMO Mental Health Benefits

- Hospital care, including room, meals, nursing, and related services and supplies
- Lab tests
- Visits with a doctor, clinical psychologist, or clinical social worker, including individual, family, and group therapy
- Medicines for mental health care (if you have prescription drug coverage)
- Treatment for alcohol or drug problems

## Support and Education

Some Medicare HMOs offer support groups for people dealing with issues like smoking, drinking, stress, grieving, caregiving, or cancer. Ask your HMO.

“My medicine is helping my depression. I had to try two medicines before finding one that worked.”



## Questions & Answers

Mom's doctor prescribed an antidepressant for her, but it makes her too sleepy. What can I do?

Help her explain the problem to her doctor. See page 41 for questions she should ask about her medicines.

Will my Medicare HMO pay for me to go to any psychologist?

No. You can only go to psychologists who are licensed by the state and who are in the HMO's network.

## things you can do

### If You Want Mental Health Care Services

- Ask your HMO what mental health care it pays for and how to get services.
- Some HMOs use independent services, called behavioral health care services, to provide mental health care.
- Ask if you can get services without a referral from your doctor.
- Ask what you have to pay.
- For information on mental health care, call **Mental Health America**.

### Mental Health Patients Have Rights

If you are put in the hospital without your consent, forced to take medicine, or treated badly, call **Disability Rights California**.

## where to find help

### Mental Health America

Information, advocacy, and referrals for mental health services

**1-800-969-6642**

**www.nmha.org**

### Disability Rights California

Legal help for people with mental health problems

**1-800-390-7032**

**www.pai-ca.org**

**I**n an emergency, you should call **9-1-1** or go to the nearest emergency room. If you can, go to a hospital in your Medicare HMO's network. However, any emergency room must treat you. Medicare HMOs must cover emergency care anywhere in the U.S.

## What Is an Emergency?

In general, it is an emergency if you think your health is in serious danger and you need care immediately. Examples of emergencies include a bad injury, a sudden illness, an illness that is quickly getting much worse, shock, a severe wound, a heart attack, or severe pain.

## Urgent or After-Hours Care

If you need care quickly but it is not an emergency, call your doctor and ask for a same-day appointment. Or go to an urgent care clinic if your HMO has one. Medicare HMOs cover urgent care, even if you are outside your HMO's area.

**Try not to use the emergency room if you do not need to.** Your HMO may not pay for your visit if it is not an emergency. Your co-pays can be high, and your wait can be long. And it is usually better to see your own doctor, who knows your health care needs and has your medical records.

If your Medicare HMO will not pay for your emergency care, you can file an appeal. See page 58.



## Questions & Answers

**What if I have an emergency and the nearest hospital is not in my Medicare HMO's network?**

Your Medicare HMO must cover emergency care at any hospital. But you should call your HMO as soon as you can. You may be moved to a hospital in your HMO's network as soon as your condition is stable.

**Are ambulance services covered?**

Yes. Your Medicare HMO must cover ambulance services to take you to a hospital in an emergency.

**I got a bill for ambulance services. Do I have to pay it?**

Check your bill. If it is for a co-pay, you should pay it. If it is a bill for the full amount of the services, submit it to your Medicare HMO's claims department.

## things you can do

### Be Prepared

- Know your Medicare HMO's rules for getting emergency and urgent care.
- Ask about the co-pays for emergency room visits and ambulance services.
- Know the hospitals and urgent care centers in your HMO's network.
- Always keep your Medicare HMO membership card with you.
- Use an ambulance only for an emergency. If you need a ride home from the hospital, use a taxi or paratransit van.

### If You're Not Sure It's an Emergency

Sometimes it is hard to know if you need emergency care. If you have time, call your doctor or HMO. Many HMOs have 24-hour nurse advice helplines.

### When You Travel

All Medicare HMOs pay for emergency and urgent care nationwide. Ask your HMO if it covers any care outside the U.S.

## where to find help

### Police, Fire, or Ambulance

Emergency services

**9-1-1**

Visitors are important. If a relative or friend helps watch out for you in the hospital, you'll probably get better care.

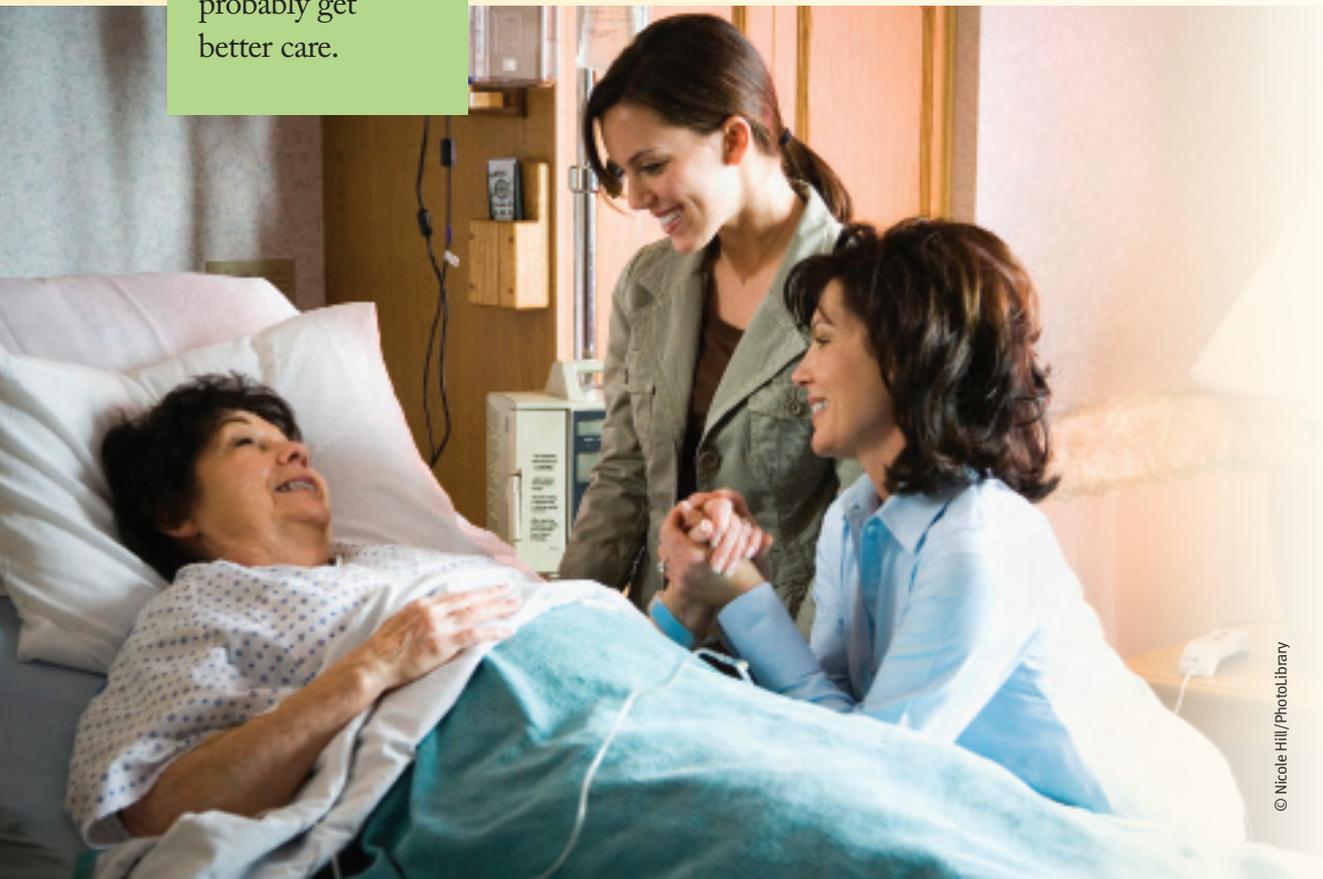
**F**or some care, you need to stay in a hospital. This is called inpatient care. In most cases, your doctor must refer you for hospital care.

## Hospital Costs

Hospital costs vary. For example, in one Medicare HMO, you may pay \$500 for each hospital stay, no matter how long you stay. In another HMO, you may pay \$200 per day for the first 5 days of a hospital stay and nothing more even if you stay longer.

## Hospital Discharge Appeals

Your hospital must give you an “Important Message from Medicare” 2 days before they plan to discharge you. This message tells you how to file an appeal if you feel too sick to go home. To file an appeal, call **HSAG** as soon as possible. Or have someone call for you. HSAG will decide if you can stay longer. You do not have to pay for the extra days in the hospital while HSAG reviews your case.



## Questions & Answers

I am going to have surgery.  
Can I find out who will do it?

Yes. Ask your doctor. And ask to meet with the surgeon ahead of time. To learn more, visit [www.facs.org](http://www.facs.org).

What if I need help when I come home from the hospital?

You have the right to see a discharge planner, who will visit you in the hospital and help you arrange for the care you will need. See page 52.

What if I need a special procedure, but none of the hospitals in my HMO have experience with it?

Ask your doctor to ask your HMO to approve a referral to a hospital that does have experience with the procedure. If your HMO says no, you can appeal. See page 58.

## things you can do

### Choosing a Hospital

- Ask your doctor or Medicare HMO which hospitals you can go to. Ask which one treats your health problem most often.
- To compare hospitals and learn about hospital safety, visit [www.calhospitalcompare.org](http://www.calhospitalcompare.org).

### Before Your Hospital Stay

- Ask your doctor who will be in charge of your care in the hospital.
- Make a follow-up appointment with your doctor.
- Arrange for people you trust to visit you or stay with you in the hospital.
- Ask how long you will be in the hospital and how long it can take to recover.
- Ask what help you will need when you go home.
- Arrange for someone to take you home from the hospital. Or use a taxi or paratransit van. Medicare does not pay for an ambulance to take you home.
- Print a Health Worksheet, “*Prepare for a Hospital Stay*,” at [www.opa.ca.gov](http://www.opa.ca.gov).

## where to find help

### American College of Surgeons

Information on common operations

**1-800-621-4111**    [www.facs.org](http://www.facs.org)

### Cal Hospital Compare

Compare hospitals    [www.calhospitalcompare.org](http://www.calhospitalcompare.org)

### HSAG (Health Services Advisory Group)

Help with hospital discharge appeals

**1-800-841-1602**    [www.hsag.com](http://www.hsag.com)

**Y**ou may need extra help at home after a hospital stay. Or you may need ongoing help from a relative. Or you may get help from a professional, such as a nurse, physical therapist, or home care worker. Home care workers can help with bathing, housecleaning, shopping, managing medicines, and taking you to appointments.

#### Medicare HMOs cover limited home health care:

- You must get a referral from your doctor.
- You must use home care agencies that are in the HMO's network.
- You must need skilled nursing care or physical, occupational, or speech therapy.
- It must be very hard for you to leave home to get care.
- There are limits on the number of hours per day and days per week that you can get care.

#### If You Have a Low Income

In-Home Support Services (IHSS) may pay for a home care worker or family member to care for you at home. Call your county Social Services office. To find the office, call **2-1-1**.

Mrs. Wright just got a wheelchair. An occupational therapist is helping her learn safe ways to cook.



## Questions & Answers

My daughter helps me do physical therapy exercises, but she will be gone for 2 weeks. What can I do?

Ask your doctor to order home visits from a physical therapist.

Can I hire help on my own?

Yes, but you may have to pay wages and taxes for the worker and insurance in case of an accident. Call **Senior Information Line**.

I care for my mother, who has Alzheimer's. Are there programs to help?

Yes. Call **Family Caregiver Alliance**. For tips on sharing home care for a seriously ill person, visit [www.sharethecare.org](http://www.sharethecare.org).

My home health care agency sent me a Notice of Non-coverage. What can I do?

You can appeal this decision. Call **HSAG** right away.

## things you can do

### Look for a Caregiver You Feel Comfortable With

Ask your Medicare HMO for a list of home health agencies in its network. To compare agencies, visit [www.calnhs.org](http://www.calnhs.org).

- Say if you prefer a man or woman.
- Say what language and culture you prefer.
- Ask about caregiving experience and training.
- Ask for references. Call the references or ask a relative or friend to call for you.

### More Services for Seniors

There are many free or low-cost services for seniors, such as meals, social activities, fitness programs, and transportation. Call **Senior Information Line**.

## where to find help

### California Nursing Home Search

A guide to nursing homes, home health care, and long-term care [www.calnhs.org](http://www.calnhs.org)

### Family Caregiver Alliance

Learn about resources for caregivers  
**1-800-445-8106** [www.caregiver.org](http://www.caregiver.org)

### HSAG (Health Services Advisory Group)

Help if your Medicare HMO stops your home health care services too soon

**1-800-841-1602** [www.hsag.com](http://www.hsag.com)

### Senior Information Line

Find local support services  
**1-800-510-2020** [www.aging.ca.gov](http://www.aging.ca.gov)

### Share the Care

How to organize a group to help care for someone who is ill [www.sharethecare.org](http://www.sharethecare.org)

**M**edicare HMOs cover some nursing home care. Each Medicare HMO has a different way to pay for this care. Your costs can be high.

**Medicare HMOs have rules and limits for nursing home care.**

- You must have a referral from your doctor.
- You must go to a nursing home that is in your HMO's network.
- While you are in the nursing home, you must need skilled care daily. This could include nursing care, physical or occupational therapy, or other rehabilitation services.
- The amount of time you can stay may be limited to 100 days.
- Some HMOs require a 3-day hospital stay before you can go to a nursing home.

**Medicare HMOs do not cover long-term care.** This is care people need because they can no longer feed themselves, bathe, or care for their daily needs. If you have a low income, you can apply for Medi-Cal, which does pay for long-term care.

Mr. Tang visits his wife every day in the nursing home.



## Questions & Answers

If I need nursing care, do I have to go to a nursing home?

No. You may be able to get the care you need at home. See page 52.

My mother is in a nursing home. How can I make sure she gets good care?

Try to have family or friends visit every day. If there's a problem, call your mother's doctor and health plan. And call **California Advocates for Nursing Home Reform**. They will refer you to local agencies that investigate long-term care facilities for seniors.

My nursing home gave me a Notice of Non-coverage. I'm too sick to go home. What can I do?

You can appeal this decision. Call **HSAG** right away.

## things you can do

### Choosing a Nursing Home

Ask your HMO what nursing homes are in its network. Visit several nursing homes. Consider the location, cleanliness, noise level, food, and safety of each place. For help choosing, call **California Advocates for Nursing Home Reform** or visit [www.calnhs.org](http://www.calnhs.org).

### Long-Term Care

- If you need long-term care and your money is running out, find out if you qualify for Medi-Cal. Call **California Advocates for Nursing Home Reform**.
- For help making decisions about long-term care and long-term-care insurance, call **HICAP**.
- For help choosing long-term care, visit [www.calnhs.org](http://www.calnhs.org).

## where to find help

### California Advocates for Nursing Home Reform

Information and advocacy for consumers  
**1-800-474-1116**      [www.canhr.org](http://www.canhr.org)

### California Nursing Home Search

A guide to nursing homes  
[www.calnhs.org](http://www.calnhs.org)

### HICAP (Health Insurance Counseling & Advocacy)

Free information and counseling on Medicare  
**1-800-434-0222**      [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)

### HSAG (Health Services Advisory Group)

Help with nursing home discharge appeals  
**1-800-841-1602**      [www.hsag.com](http://www.hsag.com)

**W**ork closely with your doctor and your Medicare HMO so that the care you or your loved one has in the last months and days of life is the best it can be. Services such as hospice care and pain management can help at a very hard time. Having an Advance Health Care Directive also helps you get the care you want at the end of your life. See page 28.

## Hospice Benefits

Hospice is care for people who are terminally ill. Your doctor must say that you are expected to live 6 months or less. You will not get care, like chemo, to treat your illness. But you will get care to manage pain and other symptoms.

- You get hospice care from Original Medicare, even if you are in a Medicare HMO.
- Hospice services can be at home or in a facility, like a nursing home.
- If you need care that is not related to your terminal condition, you will still get it from your Medicare HMO.
- For more information, visit [www.calnhs.org](http://www.calnhs.org).

**Hospice staff can help in many ways.** They help with medication, pain management, bathing, and other care. They can also help the family deal with emotional stress and make the final arrangements when the patient dies.

“My father was in hospice for 6 months. He was at home with us, and his pain was controlled. We could not have kept him at home without the help of hospice.”



## Questions & Answers

**I filled out an Advance Health Care Directive. How can I make sure it will be followed?**

First, sign it and have it witnessed. Ask your doctor to put it in your medical file. The law says that your doctor and your health care agent must follow your wishes. See page 28.

**What if I am in hospice and then I get better?**

You can leave hospice at any time. You can leave if you get better. You can also leave if you decide that you want more treatment for your condition.

## things you can do

### To Find a Hospice Program

Ask your HMO or visit [www.calnhs.org](http://www.calnhs.org).

### Pain Management

Medicare covers most pain medications for people who are terminally ill. You can get pain management whether or not you are in hospice. Tell your doctor if you are in pain. See page 45.

### Forms to Discuss with Your Doctor and Family

- An Advance Health Care Directive lets you say what care you want if you cannot speak for yourself. See page 28.
- A POLST form is a Physician Order signed by your doctor and by you or your health care agent. It tells your health care providers how to follow your wishes near the end of life. For more information, talk to your doctor or visit [www.finalchoices.org](http://www.finalchoices.org).

### Help for Caregivers

A hospice program can help you find extra support and deal with emotional stress. Your HMO may also have a social worker you can talk with. Call **Family Caregiver Alliance**.

## where to find help

### California Coalition for Compassionate Care

Advance Health Care Directive and POLST forms and information [www.finalchoices.org](http://www.finalchoices.org)

### California Nursing Home Search

A guide to hospice care [www.calnhs.org](http://www.calnhs.org)

### Family Caregiver Alliance

Help for family caregivers  
**1-800-445-8106** [www.caregiver.org](http://www.caregiver.org)

“My Medicare HMO wouldn't pay for enough physical therapy after my stroke. So I filed an appeal with my HMO. Now I'm getting the care I need.”

**Y**ou and your Medicare HMO may not always agree about the care you need. Your HMO may say that you do not need the treatment or drug you want. Or your HMO may refuse to pay for emergency care you got. If these things happen, talk to your doctor and your HMO. If that doesn't help, you can file an appeal with your HMO. If your case is urgent, file an expedited appeal.

### You can file an appeal if your HMO:

- Refuses to give you treatment.
- Delays your treatment too long.
- Won't pay for emergency or urgent care you got outside your area.
- Won't pay for medical care that you paid for yourself because you couldn't get the care you needed through your Medicare HMO.
- Stops services you believe you still need.

**Call HSAG to appeal a discharge.** If your hospital, home health, or nursing home care, or your care in a rehabilitation facility, is ending too soon, call **HSAG**. The government contracts with HSAG to help Medicare members with these problems.



## things you can do

### Questions & Answers

How can I learn more about appeals?

Look in your HMO's Evidence of Coverage or plan handbook. Or call your HMO or **HICAP**.

Can I file an appeal to get a drug I need?

Yes, if you have prescription drug coverage. In general, the kind of service you want must be a covered benefit.

My HMO says it doesn't cover the cancer treatment I want. What can I do?

Ask a doctor to help you file an appeal with your HMO. The doctor does not have to be part of your HMO.

### How to Appeal if a Treatment Is Denied, Delayed, or Stopped

- File an appeal with your HMO. Call your HMO for an appeal form. Or look on its website.
- Your HMO must reply in 7 days, or 3 days for an expedited or urgent appeal.
- Ask a doctor to help you. He must show that it would be seriously harmful to deny or delay your care. The doctor does not have to be part of your plan. Call **HICAP** for help.

### How to Appeal a Problem with a Bill

- After you send your bill for payment, your HMO has 60 days to review it.
- If your HMO will not pay your bill, you have 60 days to appeal.
- The HMO has 60 days to respond to your appeal. If it still says no, call **HICAP**.

### How to Appeal if a Drug You Need Is Not Covered

- You or your doctor can call your plan and ask it to cover the drug. This is called an exception request.
- If you need the drug urgently, your doctor can ask for an expedited or fast review.
- Your HMO must call you with a decision in 3 days, or 24 hours for an expedited review. Call **HICAP**.

## where to find help

### **HICAP (Health Insurance Counseling & Advocacy)**

Free information and assistance with appeals

**1-800-434-0222**      [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)

### **HSAG (Health Services Advisory Group)**

Help with discharge appeals

**1-800-841-1602**      [www.hsag.com](http://www.hsag.com)

“Each time I visited my doctor, I had to wait 1 to 2 hours, even though I had an appointment. I filed a grievance with the HMO, and now my service is better.”

If you have a problem, start by talking to your doctor and your Medicare HMO’s customer service department. Often you can solve a problem this way. If this doesn’t help, you can take the steps described below. You can also call **HICAP**.

## Customer Service Problems

- You can file a grievance with your Medicare HMO if you are unhappy about the way you are treated, the equipment or the facility you used, how long you have to wait for appointments, or other customer service concerns.
- You can also file a grievance if you have a problem with services in a special benefit package you bought, such as dental care.
- Ask your HMO to mail you a grievance form. Or get the form on your HMO’s website.
- Your HMO must take action within 30 days after it gets your form. For help, call **HICAP**.

## Quality of Care Problems

You can file a complaint with **HSAG** if you have a problem like these. The government contracts with HSAG to help Medicare members.

- You got the wrong medicine or an overdose.
- You had unnecessary surgery or testing.
- You had a delay in getting a service.
- You had inadequate care, treatment, or discharge instructions.
- You got a misdiagnosis.



## Questions & Answers

I am not happy with the care I received, and I feel that my HMO did not listen to my concerns.

Call **HSAG**. HSAG helps Medicare members with complaints about quality of care.

I can't get a doctor or interpreter who speaks my language. What can I do?

First call your HMO. If that does not help, you can file a grievance.

I have had several problems with my doctor. My HMO hasn't been very helpful either.

Remember, you can change your doctor if you want. Or you can change to another Medicare Advantage plan or Original Medicare. See pages 10–11.

## things you can do

### For Help and Information

- Call your HMO. You may be able to solve your problem with a phone call.
- Ask your HMO for information on grievances. Look in your HMO's Evidence of Coverage or plan handbook.
- For help with grievances, call **HICAP**.
- For more information on grievances, visit [www.cahealthadvocates.org](http://www.cahealthadvocates.org).

### Speak Up for Yourself

- Take notes when you have a phone call or meeting.
- Note the date and time, and the names of people you talk to.
- If the person you talk to isn't helpful, ask to speak to a supervisor.
- If different people tell you different things about the services you can get, ask to speak to a supervisor.
- Have someone with you for extra support.
- If you are told that you can't have the care you want, ask for the reason in writing.

## where to find help

### California Health Advocates

Information on Medicare

[www.cahealthadvocates.org](http://www.cahealthadvocates.org)

### HICAP (Health Insurance Counseling & Advocacy)

Free information and assistance with grievances

**1-800-434-0222** [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)

### HSAG (Health Services Advisory Group)

Help with complaints about quality of care

**1-866-800-8749** [www.hsag.com](http://www.hsag.com)

**Advance Health Care Directive**

A form that tells your doctor and family what kind of care you want and who can make decisions for you if you cannot speak for yourself

**appeal**

A request asking your Medicare HMO to change a decision about your care

**benefit package**

All the services covered by your Medicare HMO

**chronic condition**

An ongoing health problem that can be controlled by medicine and other treatments

**COBRA/Cal-COBRA/HIPAA**

Laws that help employees keep their health insurance if their job ends or they retire before age 65

**co-insurance**

A percent of the cost of a service; you may pay a co-insurance each time you see a doctor, get a prescription, or get other services

**co-pay/co-payment**

A flat fee that you pay each time you see a doctor, get a prescription, or get other services

**covered benefit**

A service your HMO will pay for if you need it

**creditable coverage**

Prescription drug coverage that is as good as or better than the standard Medicare prescription drug plan

**deductible**

The amount you must pay for services each year before your HMO starts to pay

**Evidence of Coverage**

A booklet from your HMO that tells what it covers and the rules you must follow to get care

**formulary**

The prescription drugs your HMO covers

**generic drugs**

Drugs that cost less because no company owns the patent on them

**grievance**

A request asking your Medicare HMO to solve a customer service problem

**HMO (health maintenance organization)**

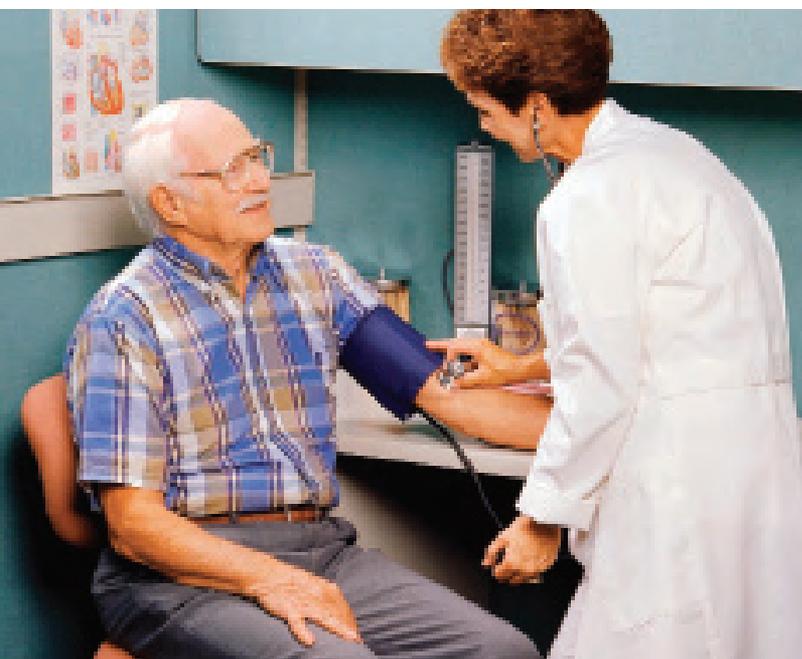
A kind of health insurance; you must get your health care from certain doctors, hospitals, and other providers that are in the HMO's network

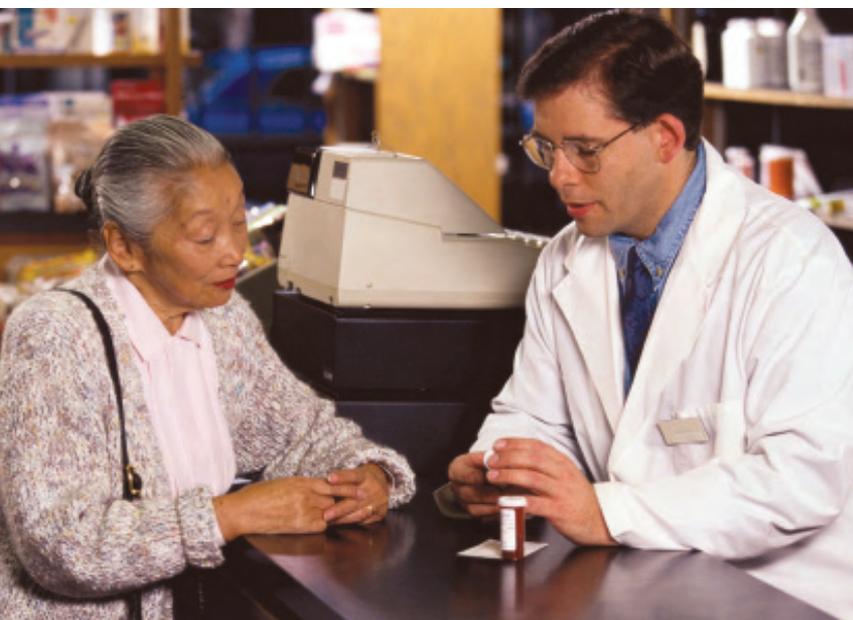
**Medi-Cal**

California's program to help people with low incomes pay for health care

**medical group**

A group of doctors who have a business together and have a contract with an HMO to provide services to the HMO's members





© Keith Brofsky/Getty Images

### **medically necessary services**

Services you need in order to stay healthy or treat your medical condition; these services must meet the standards of good medical practice

### **Medicare**

A national health insurance program for people 65 and older and for some younger people with disabilities

### **Medicare Advantage plan**

A private health plan that has a contract with the government to provide health care to people who have Medicare

### **Medicare Advantage HMO/Medicare HMO**

An HMO that has a contract with Medicare to provide health care to people with Medicare

### **Medicare Part A**

Medicare hospital, nursing, hospice, and home care benefits

### **Medicare Part B**

Medicare benefits for doctor visits, lab tests, and other outpatient care

### **Medicare Part C**

Medicare Advantage health plans

### **Medicare Part D**

Medicare prescription drug benefits

### **Medigap policy (Medicare Supplemental Insurance)**

Private insurance for people with Original Medicare; Medigap helps cover the services and costs that Medicare does not cover

### **network**

All the doctors, labs, hospitals, and other providers that have contracts with an HMO or work for it

### **Original Medicare**

This is also called fee-for-service or traditional Medicare; the government pays your providers directly for the services you get, and you usually pay part of the cost

### **pre-existing condition**

An illness, health condition, or disability that you have before you join a health plan

### **premium**

A monthly fee you pay for health insurance

### **primary care provider (PCP)**

Your main doctor, who gives you most of your care and oversees your other health care services

### **second opinion**

Advice from a second doctor about the cause or nature of your illness or your choice of treatments

### **service area**

The area you must live in to join a Medicare HMO

### **urgent care**

Care that you need soon, usually within 24 hours, for a sudden illness or injury

## Most of these resources have people who can help you find information or solve a problem.

- To speak to a person, try pressing “0”, or stay on the line.
- If there’s no TTY, call **7-1-1**. If you have a speech disability, you can use Speech-to-Speech Relay. Call **1-800-854-7784**.
- Toll-free phone numbers begin with **1-800, 1-866, 1-877**, and **1-888**. Other phone numbers are not toll-free.
- This symbol ● means there is usually someone who speaks Spanish or there is information in Spanish.

Resource	Telephone	Website
<b>1-800-MEDICARE</b> Information on Medicare benefits and drug discount cards	● <b>1-800-633-4227</b> TTY <b>1-877-486-2048</b>	● <a href="http://www.medicare.gov">www.medicare.gov</a>
<b>Agency for Healthcare Research and Quality</b> Free information on health care for seniors	● <b>1-800-358-9295</b>	● <a href="http://www.ahrq.gov">www.ahrq.gov</a>
<b>American Board of Medical Specialties</b> Information about specialists’ training	<b>1-866-275-2267</b>	<a href="http://www.abms.org">www.abms.org</a>
<b>American Chronic Pain Association</b> Support and information for people with chronic pain	<b>1-800-533-3231</b>	● <a href="http://www.theacpa.org">www.theacpa.org</a>
<b>American College of Surgeons</b> Information on common operations and choosing a surgeon	<b>1-800-621-4111</b>	<a href="http://www.facs.org">www.facs.org</a>
<b>American Diabetes Association</b> Information about diabetes prevention and management	● <b>1-800-342-2383</b>	● <a href="http://www.diabetes.org">www.diabetes.org</a>
<b>American Heart Association</b> Information and services to prevent and treat heart disease	● <b>1-800-242-8721</b>	● <a href="http://www.americanheart.org">www.americanheart.org</a>
<b>American Lung Association</b> Information and services to prevent and treat lung disease	● <b>1-800-586-4872</b>	● <a href="http://www.lungusa.org">www.lungusa.org</a>
<b>Arthritis Foundation</b> Information and services for people with arthritis	● <b>1-800-283-7800</b>	● <a href="http://www.arthritis.org">www.arthritis.org</a>
<b>AT Network</b> Information on equipment for seniors/people with disabilities	● <b>1-800-390-2699</b> TTY <b>1-800-900-0706</b>	● <a href="http://www.atnet.org">www.atnet.org</a>
<b>Cal Hospital Compare</b> Compare hospitals		<a href="http://www.calhospitalcompare.org">www.calhospitalcompare.org</a>
<b>California Advocates for Nursing Home Reform</b> Find a nursing home and get help if you have a problem	● <b>1-800-474-1116</b>	● <a href="http://www.canhr.org">www.canhr.org</a>

Resource	Telephone	Website
<b>California Coalition for Compassionate Care</b> Advance Health Care Directive and POLST forms		<a href="http://www.finalchoices.org">www.finalchoices.org</a>
<b>California Foundation for Independent Living Centers</b> Resources for people with disabilities	● <b>1-916-325-1690</b> TTY <b>1-916-325-1695</b>	<a href="http://www.cfilc.org">www.cfilc.org</a>
<b>California Health Advocates</b> Education and advocacy on Medicare and related coverage		<a href="http://www.cahealthadvocates.org">www.cahealthadvocates.org</a>
<b>California Hospital Association</b> Free Advance Health Care Directive forms	● <b>1-800-494-2001</b>	<a href="http://www.calhospital.org">www.calhospital.org</a>
<b>California Nursing Home Search</b> A guide to nursing, long-term, hospice, and home care		<a href="http://www.calnhs.org">www.calnhs.org</a>
<b>Clinical Trials</b> Information on clinical trials		<a href="http://www.clinicaltrials.gov">www.clinicaltrials.gov</a>
<b>Consumer Reports Best Buy Drugs</b> Information and research on drugs		● <a href="http://www.crbestbuydrugs.org">www.crbestbuydrugs.org</a>
<b>Deaf Counseling, Advocacy, and Referral Agency</b> Resources for people who are Deaf or Hard of Hearing	<b>1-877-322-7299</b> TTY <b>1-877-322-7288</b>	<a href="http://www.dcara.org">www.dcara.org</a>
<b>Department of Managed Health Care Help Center</b> Information about Cal-COBRA	● <b>1-888-466-2219</b> TTY <b>1-877-688-9891</b>	● <a href="http://www.healthhelp.ca.gov">www.healthhelp.ca.gov</a>
<b>Disability Rights Advocates</b> Information on health care rights for people with disabilities		<a href="http://www.dralegal.org/publications">www.dralegal.org/ publications</a>
<b>Disability Rights California</b> Legal help for people with disabilities	● <b>1-800-390-7032</b> TTY <b>1-877-669-6023</b>	● <a href="http://www.pai-ca.org">www.pai-ca.org</a>
<b>Drug Digest</b> Check drug interactions online		<a href="http://www.drugdigest.org">www.drugdigest.org</a>
<b>Family Caregiver Alliance</b> Information and resources for family caregivers	● <b>1-800-445-8106</b>	● <a href="http://www.caregiver.org">www.caregiver.org</a>
<b>Health Consumer</b> Health care information in different languages		● <a href="http://www.healthconsumer.org">www.healthconsumer.org</a>
<b>Healthfinder</b> Easy-to-use health website		● <a href="http://www.healthfinder.gov">www.healthfinder.gov</a>
<b>Health Rights Hotline</b> Hotline for Sacramento, Placer, Yolo, and El Dorado counties	● <b>1-888-354-4474</b>	<a href="http://www.hrh.org">www.hrh.org</a>

Resource	Telephone	Website
<b>HICAP (Health Insurance Counseling &amp; Advocacy Program)</b> Free information and help with Medicare	● <b>1-800-434-0222</b>	<a href="http://www.aging.ca.gov/hicap">www.aging.ca.gov/hicap</a>
<b>HSAG (Health Services Advisory Group)— Discharge appeals</b> Reviews appeals regarding too-early discharges from hospitals, nursing homes, home care, and rehabilitation facilities	● <b>1-800-841-1602</b> TTY <b>1-800-881-5980</b>	<a href="http://www.hsag.com">www.hsag.com</a>
<b>HSAG (Health Services Advisory Group)— Quality of care complaints</b> Helps Medicare members with complaints about quality of care	● <b>1-866-800-8749</b> TTY <b>1-800-881-5980</b>	<a href="http://www.hsag.com">www.hsag.com</a>
<b>Lab Tests Online</b> A guide to understanding lab test results		● <a href="http://www.labtestsonline.org">www.labtestsonline.org</a>
<b>Medical Board of California</b> Licenses and takes complaints on medical doctors	● <b>1-800-633-2322</b>	<a href="http://www.medbd.ca.gov">www.medbd.ca.gov</a>
<b>Medicare Rights Center</b> Medicare advocacy and information	<b>1-800-333-4114</b>	● <a href="http://www.medicarerights.org">www.medicarerights.org</a>
<b>Medline Plus</b> Information on many treatments and conditions	● <b>1-888-346-3656</b>	● <a href="http://www.medlineplus.gov">www.medlineplus.gov</a>
<b>Mental Health America</b> Information, advocacy, and referrals	● <b>1-800-969-6642</b>	● <a href="http://www.nmha.org">www.nmha.org</a>
<b>My Family Health Portrait</b> Create a family health history		● <a href="http://www.dhhs.gov/familyhistory">www.dhhs.gov/familyhistory</a>
<b>National Institute on Aging</b> Information for seniors	● <b>1-800-222-2225</b>	<a href="http://www.nihseniorhealth.gov">www.nihseniorhealth.gov</a>
<b>Office of the Patient Advocate (OPA)</b> Health Worksheets and information for health plan members	● <b>1-916-324-6407</b> TTY <b>1-866-499-0858</b>	● <a href="http://www.opa.ca.gov">www.opa.ca.gov</a>
<b>Senior Information Line</b> Local services for seniors	● <b>1-800-510-2020</b>	<a href="http://www.aging.ca.gov">www.aging.ca.gov</a>
<b>Share the Care</b> How to organize a group to care for a seriously ill person at home		<a href="http://www.sharethecare.org">www.sharethecare.org</a>
<b>Social Security</b> Information on getting Social Security and Medicare	● <b>1-800-772-1213</b> TTY <b>1-800-325-0778</b>	● <a href="http://www.ssa.gov">www.ssa.gov</a>
<b>State Insurance Hotline</b> Find information on long-term care insurance	● <b>1-800-927-4357</b> TTY <b>1-800-482-4833</b>	<a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a>
<b>U.S. Department of Labor (Pension and Welfare Benefits)</b> Information about COBRA	● <b>1-866-444-3272</b> TTY <b>1-877-889-5627</b>	● <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a>

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Guiding You to Better Health Care

[opa.ca.gov](http://opa.ca.gov)



## California's **HMO Guide for Seniors**

Offers useful and important information, resources, and tips about

- Choosing a Medicare HMO
- Finding a doctor
- Understanding your benefits
- Dealing with problems



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