



2025 Annual Notices Newsletter

How to Contact CalOptima Health

If you have questions or need help with your health care services, call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY 711), Monday–Friday, from 8 a.m. to 5:30 p.m., or visit our office Monday–Friday, from 8 a.m. to 5 p.m., at 500 City Parkway West, Orange, CA 92868. We have staff who speak your language. You can also visit our website at www.caloptima.org.

After-Hours Advice:

- For after-hours medical advice, first call your primary care provider's (PCP) office.
- If you cannot reach your doctor, you can talk to a nurse by phone. Call the CalOptima Health Nurse Advice Line toll-free at **1-844-447-8441** (TTY 1-844-514-3774) for help.
- The Nurse Advice Line is open 24 hours a day, 7 days a week at no cost to CalOptima Health members. We have staff who speak your language.

Medical Emergency:

- Dial 911 or go to the nearest emergency room for a medical emergency.

Get Information in Other Languages or Formats

Information and materials from CalOptima Health are available at no cost in large print, braille, data CD or audio format. Plan materials are available in English, Spanish, Vietnamese, Farsi, Korean, Chinese, Arabic, and Russian. You can make a one-time or standing request to get plan materials in the available languages or other formats. To make a request, please call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY 711), Monday–Friday, from 8 a.m. to 5:30 p.m.

New Address or Phone Number?

We need your correct address and phone number to contact you about your health care. If you have a new address or phone number, please report it by calling:

- The County of Orange Social Services Agency at **1-800-281-9799**.
- CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY 711), Monday–Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language.
- United States Postal Service at **1-800-275-8777**.

CalOptima Health Handbook, Provider Directory and Drug Benefit

The most current CalOptima Health Member Handbook, Provider Directory, and Drug Benefit are available on our website at www.caloptima.org and upon request. To get a copy mailed to you, please call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY 711), Monday–Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/find-a-pharmacy>. You can also find a pharmacy near you by calling Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press 5 or 711).

How to Get Information About Your Provider

To support CalOptima Health's focus on health equity and better serve our members, you can get information about a provider's race and ethnicity by calling CalOptima Health Customer Service or by going to our online Provider Directory at www.caloptima.org under "Find a Doctor."

Know Your Benefits and How to Get Care

CalOptima Health wants you to understand your benefits and how to get the care you need. This includes:

- Covered and services not covered
- How to get your medicines
- What to do if you get a bill for services
- Out-of-area services and benefit limits
- No-cost language assistance services
- Information about our providers and making an appointment with your primary care provider (PCP)
- Care from a specialist, behavioral health services and hospital services
- After-hours care
- Emergency medical services
- How to file a complaint or appeal

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For more information about your benefits and services, please read the Member Handbook. You can also visit our website at www.caloptima.org.

Facts about providers are on CalOptima Health's online Provider Directory at www.caloptima.org/e/medi-cal-documents.

You can also call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY 711) Monday–Friday from 8 a.m. to 5:30 p.m. to get a copy of the Member Handbook or Provider Directory. We have staff who speak your language.

Prior Authorization

What Is Prior Authorization?

Prior authorization (PA) is an approval for special medical services given by your health network. These services include:

- Specialty care
- Inpatient and outpatient hospital care
- Ancillary care, like home health care
- Medical supplies
- Durable Medical Equipment, like wheelchairs and walkers
- Non-emergency medical transportation

The general response time for PAs is:

- Routine authorizations: 5 working days after getting the request for services
- Urgent authorizations: 72 hours after getting the request for services

Your PCP will decide if you need special medical services. Call your health network if you have questions about PA.

You can get preventive care, basic prenatal care, family planning and emergency services without PA. Members can see any women's health specialist (such as an obstetrician-gynecologist or certified nurse midwife) in their health network for basic prenatal care, breast exams, mammograms and Pap tests without a referral or PA. You can call your women's health specialist directly to make an appointment.

For more information about benefits and services that may require PA, please read the Member Handbook, visit our website at www.caloptima.org, or call CalOptima Health Customer Service at **1-888-587-8088** (TTY 711).

Decisions About Your Health Care

If you need special medical services, our Utilization Management (UM) department will work with your doctor to decide if the services are appropriate. We base our decisions on your medical needs and Medi-Cal coverage and criteria. We do not reward our staff or your doctor if they do not approve services. Your doctor and our staff do not receive financial incentives for their decisions about your care.

As a CalOptima Health member, you have the right to ask about our UM process and decisions.

If you have questions, please call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY 711) to speak with a staff member who can answer questions about our UM process. Language services are available to help you speak with our UM staff.

Organ or Tissue Donation

You can help save lives by becoming an organ or tissue donor. If you are under 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.

Understanding Your Drug Benefit

Prescription Drugs Covered by Medi-Cal Rx

Prescription drugs that you get from a pharmacy are covered by Medi-Cal Rx, a Medi-Cal fee-for-service program. Your doctor can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.

If a drug you need is not on the Contract Drug List, it will need to be approved before it can be filled at the pharmacy. Medi-Cal Rx will review and decide within 24 hours if the drug can be approved.

A pharmacist at your outpatient pharmacy may give you a 72-hour emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medicine.

Medi-Cal Rx may say no to a non-emergency request. If this happens, they will send you a letter to tell you why and what your choices are.

To find out if a drug is on the Contract Drug List or to get a copy of this list, call Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press 5 or 711) or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

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Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>.

You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at **1-800-977-2273** (TTY **1-800-977-2273** and press 5 or **711**).

Once you pick a pharmacy, take your prescription and your Medi-Cal Benefits Identification Card (BIC) with you. Your doctor may also send the prescription directly to the pharmacy. Make sure the pharmacy knows about all medicines you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Members may also receive transportation services from CalOptima Health to get to pharmacies. To learn more about transportation services, read “Transportation benefits for situations that are not emergencies” in the Member Handbook.

Physician Administered Drug Prior Authorization Required List

CalOptima Health staff review prior authorization (pre-approval) requests for some drugs given at the doctor’s office. CalOptima Health has a list of drugs that need prior authorization. This list is called the Physician Administered Drug Prior Authorization Required List (PAD PA List).

This list can be found in the Health Insurance Plans section at www.caloptima.org on the Medi-Cal Benefits and Services webpage, and by scrolling down to the Prior Authorization section. You can also call CalOptima Health Customer Service at **1-888-587-8088** (TTY **711**), Monday–Friday, from 8 a.m. to 5:30 p.m., and ask us to mail the list to you.

How to Use the Physician Administered Drug Prior Authorization Required List

In the Prior Authorization section, you can find the PAD PA List under Procedure Codes. The PAD PA List is updated every 3 months and is listed by month and year. The PAD PA List in the Procedure Codes will show a list of generic drugs that need prior authorization (pre-approval), which can be searched by the procedure code or generic name. You can also use the CalOptima Health website to see drugs that were recalled by the manufacturer.

Physician Administered Drug Prior Authorization Required List (PAD PA List) Updates

The CalOptima Health Pharmacy and Therapeutics Committee reviews new drugs and new uses of a drug on the PAD PA List every 3 months. This Committee has pharmacists and doctors who decide which drugs are included on the PAD PA List. They also review the rules or limits to put on a drug.

Pre-Approvals for Drugs on the CalOptima Health PAD PA List

If your doctor orders a drug that is on the PAD PA List, your doctor must ask for approval from CalOptima Health first. Your doctor must submit an Authorization Request Form and provide us with your diagnosis and what drugs you have already tried. Your doctor must also tell us why the requested drug is medically required. For more information on the pre-approval process, see the Member Handbook.

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How to Get More Information

CalOptima Health will let you know about any updates to pharmacy procedures either by mail or on our website if the information is available online. Online updates are made every 3 months. If you do not have fax, email or internet access, we will send you updates by mail. To get updates by mail or to learn more, call CalOptima Health Customer Service toll-free at **1-888-587-8088** (TTY 711), Monday–Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language. Visit us at www.caloptima.org.

CalOptima Health Is Here to Help You

You have the right to request a grievance if you are unhappy with the care or service that you have received. You also have the right to ask for an appeal of decisions to deny, defer or limit services or benefits.

To File a Grievance or an Appeal

To file a grievance or an appeal, you may call CalOptima Health Customer Service. Your CalOptima Health Member Handbook has more information about your grievance and appeal rights. It also has details on how to continue services already started while we process your appeal.

You may also request an appeal or grievance in writing. If you need help filling out your grievance or appeal forms, CalOptima Health staff is here to help you. If you speak another language, you may ask for an interpreter at no cost to you to help you file your grievance or appeal. If you want someone else to represent you, you must give us written notice.

To File a State Hearing

If you do not agree with your health network's or CalOptima Health's action or decision, you may ask for a state hearing at any time. To do this, contact the Department of Social Services (DSS) within 120 days of the action or decision. A hearing is where you can present your concern directly to the State of California. You may do this yourself or have another person do it for you. DSS can get a free Legal Aid lawyer to help you.

To Ask for a State Hearing, Write to:

Department of Social Services
State Hearings Division
P.O. Box 944243, M.S. 9-17-433
Sacramento, CA 94244-2430

or

Call **1-800-743-8525**. TTY users can call **1-800-952-8349**.

Protecting You and the Health Care System

What Is Health Care Fraud?

Health care fraud is when a provider or person plans to do something dishonest, knowing that it could result in an illegal benefit for them or another person.

These are examples of possible health care fraud:

- Using someone else's CalOptima Health ID card
- Getting a bill for services or medicines covered by CalOptima Health
- Getting unneeded services from your provider
- Getting a bill for services you did not receive
- Getting a bill for supplies (like a wheelchair) that was not ordered by your provider or was not sent to you
- Getting medicines from your provider that you don't need
- Selling medicines prescribed to you to someone else

Fraud hurts all of us. If you suspect fraud, please report it by calling CalOptima Health's Compliance and Ethics Hotline at **1-855-507-1805 (TTY 711)**. **You do not have to give your name to report fraud.**

What Is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a set of rules that hospitals, health plans and health care providers must follow. HIPAA helps make sure that all medical records, medical billing and patient accounts meet strict standards. CalOptima Health does not keep your medical records from your doctor. If you want copies of your medical records, please contact your doctor or primary care provider.

How Does CalOptima Health Keep Protected Health Information Safe?

Keeping your protected health information (PHI) safe is very important to us. CalOptima Health staff members are trained to handle your PHI in a secure and private way. Our staff has agreed in writing to keep your information private. Only those who need to see your PHI to arrange or pay for covered health services are allowed to use it.

Papers that have your PHI are kept securely locked in the CalOptima Health office. Our computer system has built-in security to keep anyone else from seeing your PHI.

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When we no longer need your PHI, these papers are shredded so that no one can read them.

If your PHI is sent in an email or on an electronic device, CalOptima Health uses a system to scramble it so that only those who are allowed to see your PHI can read it. For a copy of our Notice of Privacy Practices, visit our website at www.caloptima.org or contact CalOptima Health Customer Service.

Need Help From a Case Manager?

If you have health problems that are hard to manage, you may need help from a case manager. Case managers can help you:

- Work with you and your doctor
- Help you get the care you need
- Connect you with benefits and resources you may be eligible for

Your doctor can help you get case management services, or you can call your health network or CalOptima Health Customer Service.

Member Rights and Responsibilities

Your Rights

These are your rights as a member of CalOptima Health:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information, such as medical history, mental and physical condition or treatment, and reproductive or sexual health
- To be provided with information about the health plan and its services, including covered services, providers, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about CalOptima Health's member rights and responsibilities policy
- To be able to choose a primary care provider within CalOptima Health's network
- To have timely access to network providers
- To participate in decision-making with providers regarding your own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care you got
- To know the medical reason for CalOptima Health's decision to deny, delay, terminate (end) or change a request for medical care

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- To get care coordination
- To ask for an appeal of decisions to deny, defer or limit services or benefits
- To get free interpreting and translation services for your language
- To get free legal help at your local legal aid office or other groups
- To formulate advance directives
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with CalOptima Health and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible
- To disenroll (drop) from CalOptima Health and change to another health plan in the county upon request
- To access minor consent services
- To get free written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare and Institutions (W&I) Code section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by CalOptima Health, your providers or the State
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Care Providers, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside CalOptima Health's network pursuant to the federal law

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Your Responsibilities

CalOptima Health members have these responsibilities:

- Knowing, understanding and following your Member Handbook
- Understanding your medical needs and working with your health care providers to create your treatment plan
- Following the treatment plan you agreed to with your health care providers
- Telling CalOptima Health and your health care providers what we need to know about your medical condition so we can provide care
- Making and keeping medical appointments and telling the office when you must cancel your appointment
- Learning about your medical condition and what keeps you healthy
- Taking part in health care programs that keep you healthy
- Working with and being polite to the people who are partners in your health care

Notice of Privacy Practices

Effective: April 14, 2003 | Updated: July 22, 2025

CalOptima Health offers you access to health care through our Medi-Cal plan, our OneCare (HMO D-SNP) Medicare Advantage Special Needs Plan and our Program of All-Inclusive Care for the Elderly (PACE). We are required by state and federal law to protect your health information. After you become eligible and enroll in one of our health plans, Medicare or Medi-Cal sends your information to us. We also get medical information from your doctors, clinics, labs and hospitals to approve and pay for your health care.

This notice explains how medical information about you may be used and shared, and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

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How we protect your information	<ul style="list-style-type: none">• We have controls in place for physical and electronic access to your information, which include race, ethnicity, language, gender identity and sexual orientation.• Our policies and procedures outline what is allowed and what is not allowed when using your personal health information, including race, ethnicity, language, gender identity and sexual orientation.• Electronic access may include media formats, devices and hardware, and data storage.• We do not discriminate against members based on any sensitive information.
Get a copy of your health and claims records	<ul style="list-style-type: none">• You can ask to see or get a copy of your health and claims records and other health information we have about you. You must make this request in writing. We will send you a form to fill out, and we may charge a fair fee for the costs of copying and mailing records. You must provide a valid form of ID to view or get a copy of your health records.• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.• We may keep you from seeing certain parts of your records for reasons allowed by law.• CalOptima Health does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.
Ask us to correct health and claims records	<ul style="list-style-type: none">• You have the right to send a written request to change information in your records if it's not correct or complete. You must make your request in writing.• We may refuse your request if the information is not created or kept by CalOptima Health, or if we believe it is correct and complete, but we will tell you why in writing within 60 days.• If we don't make the changes you asked for, you may ask us to review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you by your preferred method of contact (for example, home or work phone) or to send mail to a different address.• We will consider all fair requests. We must say "yes" if you tell us you would be in danger if we do not.

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Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment or our health care operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we shared information	<ul style="list-style-type: none">• You can ask for a list of the times we shared your health information during the past 6 years before the date you asked.• You have the right to request a list of what information was shared, who it was shared with, when it was shared and why.• We will include all disclosures, except for those about your treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to accept the notice electronically. We will offer you a paper copy in good time.• You can also find this notice on our website at www.caloptimahealth.org.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, this person can use your rights and make choices about your health information.• We will make sure this person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• If you feel we have violated your rights, you can complain by contacting us using the information in this notice.• We will not retaliate against you for filing a complaint.
Use a self-pay restriction	<ul style="list-style-type: none">• If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us. If you or your provider submits a claim to CalOptima Health, we do not have to agree to a restriction. If a law requires the disclosure, CalOptima Health does not have to agree to your restriction.

For certain health information, you can tell us your choices about what we share.

If you have a preference for how we share your information in the situations below, please contact us. In most cases, if we use or share your Protected Health Information (PHI) outside of treatment, payment or health care operations, we must get your written permission first. If you give us your permission, you may take it back in writing at any time. We cannot take back what we used or shared when we had your written permission, but we will stop using or sharing your PHI in the future.

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In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none">Share information with your family, close friends or others involved in payment for your care.Share information in a disaster-relief situation.
In these cases, we <i>never</i> share your information unless you give us written permission:	<ul style="list-style-type: none">Substance use disorder (SUD) information: We must get your permission for any use or disclosure of SUD information.Psychotherapy notes: We must get your permission for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment or health care operations.Your race, ethnicity, language, gender identity and sexual orientation information, except to carry out treatment, payment or health care operations.Your race, ethnicity, language, gender identity and sexual orientation information for underwriting, denial of services and coverage, or for benefit determinations.Marketing needs.Sale of your information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know as soon as possible if a breach happens that may have affected the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Our Uses and Disclosures

Your information may be used or shared by CalOptima Health only for treatment, payment and health care operations related to the Medi-Cal, Medicare (OneCare) or PACE programs in which you are enrolled. We may use and share your information in health information exchanges with providers involved in the care you receive. The information we use and share includes, but is not limited to:

- Your name
- Address
- History of care and treatment given to you
- Cost or payment for care

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Some examples of how we share your information with those involved with your care:

Help manage the health care treatment you receive	<ul style="list-style-type: none">• We can use your health information and share it with professionals who are treating you. This may include your race, ethnicity, language, gender identity and sexual orientation to provide services that best fit your needs.	Example: A doctor sends us information about your diagnosis and treatment plan so we can set up additional services. We will share this information with doctors, hospitals and others to get you the care you need.
Run our organization (health care operations)	<ul style="list-style-type: none">• We can use and share your information to run our organization and contact you when needed.• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.	Example: We use your health information to develop better services for you, which may include reviewing the quality of care and services you receive. We may also use this information in audits and fraud investigations.
Pay for your health services	<ul style="list-style-type: none">• We can use and share your health information as we pay for your health services.	Example: We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.
Administer your plan	<ul style="list-style-type: none">• We may share your health information with the Department of Health Care Services (DHCS) or the Centers for Medicare & Medicaid Services (CMS) for plan administration.	Example: DHCS contracts with us to provide a health plan, and we provide DHCS with certain information.

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How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information in other ways, usually to promote the public good, like public health and research. We have to meet many conditions in the law before we can share your information for these reasons.

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none">• Preventing disease.• Helping with product recalls.• Reporting adverse reactions to medicines.• Reporting suspected abuse, neglect or domestic violence.• Preventing or reducing a serious threat to anyone's health or safety.
Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.• We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none">• For workers' compensation claims.• For law enforcement reasons or with a law enforcement official.• With health oversight agencies for activities authorized by law.• For special government functions, such as military, national security and presidential protective services.
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Comply with special laws	<ul style="list-style-type: none">• There are special laws that protect some types of health information, such as mental health services, treatment for substance use disorders and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.• There are also laws that limit our use and disclosure to reasons directly connected to the administration of CalOptima Health's programs.

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Confidentiality of Sensitive Services

CalOptima Health is committed to protecting the privacy and confidentiality of information related to sensitive services you receive. Sensitive services are any health care services related to mental or behavioral health care; substance use disorder; gender-affirming care; sexual and reproductive health; sexually transmitted infections; rape or sexual assault; infectious, contagious, or communicable diseases; HIV/AIDs-related care; or intimate partner violence, as defined in California Civil Code § 56.05(s).

CalOptima Health will send communications about sensitive services to a mailing address, email address or phone number of your choice, or we will use the mailing address, phone number, or email address on file if you did not give us a different one. CalOptima Health will not share medical information about your sensitive services with any other person without your written approval. CalOptima Health will honor your requests for confidential communication in the form and format you want if it can be done in your requested form and format. Your request for confidential communication related to sensitive services will be valid until you take back the request or make a new request for confidential communications. Please call us toll-free at **1-888-587-8088 (TTY 711)**, or write to us to find out how to request sensitive services information. You will need to submit your request in writing and give us certain information. We can send you the form(s) for the request. We will carry out your request within 7 calendar days after we receive your phone call or within 14 calendar days after we get your request by first-class mail.

Changes to the Terms of This Notice

CalOptima Health reserves the right to change its privacy notice and the ways we keep your PHI safe. If this happens, we will update the notice and notify you. We will also post the updated notice on our website.

Potential for Rediscovery

Information disclosed by CalOptima Health, either authorized by you (or your personal representative) or permitted by applicable privacy laws, may be rediscovered by the person receiving your information if they are not required by law to protect your information.

How to Contact Us to Use Your Rights

If you want to use any of the privacy rights explained in this notice, please write to us at:

CalOptima Health
Privacy Officer
505 City Parkway West
Orange, CA 92868
1-888-587-8088 (TTY 711)

Or call CalOptima Health Customer Service **toll-free at 1-888-587-8088 (TTY 711)**. We have staff who speak your language.

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call CalOptima Health at the address and phone number above. You may also contact these agencies:

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California Department of Health Care Services

Privacy Officer
C/O: Office of HIPAA Compliance
P.O. Box 997413 MS 4721
Sacramento, CA 95899-7413
Email: DHCSPrivacyOfficer@dhcs.ca.gov
Phone: 1-916-445-4646
Fax: 1-916-440-7680

U.S. Department of Health and Human Services

Office for Civil Rights
Regional Manager
90 Seventh St., Suite 4-100
San Francisco, CA 94103
Email: ocrmail@hhs.gov
Phone: 1-800-368-1019
Fax: 1-202-619-3818
TDD: 1-800-537-7697

Use Your Rights Without Fear

CalOptima Health cannot take away your health care benefits, nor do anything to hurt you in any way, if you choose to file a complaint or use any of the privacy rights in this notice. This notice applies to all CalOptima Health's health care programs.

Access Standards for CalOptima Health Medi-Cal Members

CalOptima Health adheres to patient care access and availability standards as required by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC). DHCS and DMHC implemented these standards to ensure that Medi-Cal members can get an appointment for care on a timely basis, reach the provider over the phone and access interpreter services, as needed.

Contracted providers and health networks are expected to comply with these standards for appointments, telephone access, provider availability and linguistic services. CalOptima Health monitors its health networks and providers for compliance. CalOptima Health may develop corrective action plans for providers and health networks that do not meet these standards.

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Understanding the Access Standards

Please see below for a brief description of the access standards for CalOptima Health Medi-Cal members:

Appointment Standards:

Type of Care	Standard
Emergency Services	24 hours a day, 7 days a week
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request
Urgent Appointments that DO Require Prior Authorization	Within 96 hours of request
Initial Health Appointment (IHA) (first visit after becoming a CalOptima Health member)	Within 120 calendar days of enrollment or for members less than 18 months of age within recommended timelines established by the American Academy of Pediatrics (AAP) Bright Futures.
Non-Urgent Appointments for Primary Care	Within 10 business days of request
Non-Urgent Appointments With Specialist Physicians (doctors)	Within 15 business days of request
Non-Urgent Follow-Up Appointments for Physician Behavioral Health Care Providers (psychiatrist)	Within 30 calendar days of request
Non-Urgent Appointments for Ancillary (Support) Services	Within 15 business days of request
Non-Urgent Appointment With a Non-Physician Mental Health Provider	Within 10 business days of request
Non-Urgent Follow-up Appointment with a Non-Physician Mental Health Provider	Within 10 business days of request

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Telephone Access Standards:

Description	Standard
Telephone Nurse Triage or Screening Services	Telephone triage or screening will be available 24 hours a day, 7 days a week. Telephone nurse triage or screening waiting time will not exceed 30 minutes.
Telephone Access After and During Business Hours for Emergencies	The phone message or live person must instruct members about: <ul style="list-style-type: none">• The length of wait time for a return call from the provider; and• How the caller may obtain urgent or emergency care
After-Hours Access	A primary care provider (PCP) or designee will be available 24 hours a day, 7 days a week to respond to after-hours member calls or to a hospital emergency room practitioner.

Cultural and Linguistic Standards:

Description	Standard
Oral Interpretation	Oral interpretation, including, but not limited to, sign language, will be made available to members at key points of contact through an interpreter, either in person (upon request) or by telephone, 24 hours a day, 7 days a week.
Written Translation	All written materials to members will be available in all threshold languages as determined by CalOptima Health in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services.
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available upon request or on standing request at no cost in all threshold languages in at least 20-point font, audio format, or braille, or as needed within 21 business days of request or within a timely manner for the format requested.

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Telecommunications Device for the Deaf	Teletypewriter (TTY) and auxiliary aids shall be available to members with hearing, speech, or sight impairments at no cost, 24 hours a day, 7 days a week. The TTY Line is 711 .
Cultural Sensitivity	Providers and staff shall encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs, and, where appropriate, integrate these beliefs into treatment plans.
Moral Objection	In the event a provider has a religious moral or ethical objection to perform or otherwise support the provision of covered services, CalOptima Health or the health network must arrange on a timely basis for, coordinate and ensure the member receives covered services through referrals to a provider that has no religious or ethical objection to performing the requested service or procedure at, no additional expense to DHCS or the member.

Other Access Standards:

Description	Standard
Physical Accessibility	Provide physical access, reasonable accommodations and accessible equipment for members with physical or mental disabilities.
Rescheduling Appointments	Appointments will be promptly rescheduled in a manner appropriate to the member's health care needs and to ensure continuity of care is consistent with good professional practice.
Minor Consent Services	Covered services of a sensitive nature for which minors do not need parental consent to access or prior authorization.
Family Planning Services	Members shall have access to family planning services and sexually transmitted disease services from a provider of their choice without referral or prior authorization, either in or out-of-network.

NONDISCRIMINATION NOTICE

Discrimination is against the law. CalOptima Health follows State and Federal civil rights laws. CalOptima Health does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

CalOptima Health provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact CalOptima Health between 8 a.m. and 5:30 p.m., Monday through Friday, by calling **1-714-246-8500** or toll-free at **1-888-587-8088**. If you cannot hear or speak well, please call TTY at **711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

CalOptima Health
505 City Parkway West
Orange, CA 92868
1-714-246-8500 (TTY 711)

HOW TO FILE A GRIEVANCE

If you believe that CalOptima Health has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with CalOptima Health. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact CalOptima Health between 8 a.m. and 5:30 p.m., Monday through Friday, by calling toll-free at **1-714-246-8500** or **1-888-587-8088**. Or, if you cannot hear or speak well, please call TTY at **711**.

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- **In writing**: Fill out a complaint form or write a letter and send it to:
CalOptima Health Grievance and Appeals
505 City Parkway West
Orange, CA 92868
- **In person**: Visit your doctor's office or CalOptima Health and say you want to file a grievance.
- **Electronically**: Visit CalOptima Health's website at www.caloptima.org.

OFFICE OF CIVIL RIGHTS - CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone**: Call **1-916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **In writing**: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Electronically**: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone**: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY 1-800-537-7697**.

- **In writing**: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically**: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call **1-888-587-8088 (TTY 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-587-8088 (TTY 711)**. These services are free of charge.

(Arabic)

يرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-888-587-8088 (TTY 711)**. توفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برييل والخط الكبير اتصل بـ **1-888-587-8088 (TTY 711)**. هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՆՎԵՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-888-587-8088 (TTY 711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդաւոր անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատար տպագրված նյութեր: Զանգահարեք **1-888-587-8088 (TTY 711)**: Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ៖ បើមួយ ត្រូវ ការដំឡើយ ជាភាសា របស់អ្នក ស្ម័រ ទូរសព្ទទៅលេខ **1-888-587-8088 (TTY 711)** ។ ដំឡើយ នឹង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាងកសារសេវាសារជាមក្សរិនិង សម្រាប់ជនពិការត្រូវ បូងកសារសេវាសារជាមក្សរិនិង កំណត់រក្សាទានជនដែរ។ ទូរសព្ទមកលេខ **1-888-587-8088 (TTY 711)** ។ សេវាកម្មទាំងនេះ មិនគឺត្រូវទូទៅយ៉ា។

简体中文 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-888-587-8088 (TTY 711)**。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 **1-888-587-8088 (TTY 711)**。这些服务都是免费的。

繁體中文 (Traditional Chinese)

注意：如果您需要以您的語言獲得幫助，請致電 **1-888-587-8088 (TTY 711)**。為殘障人士也提供幫助和服務，例如盲文和大字體的文件。致電**1-888-587-8088 (TTY 711)**。這些服務是免費的。

(Farsi)

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با **1-888-587-8088 (TTY 711)** تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلویت، مانند نسخه های خط بربل و چاپ با حروف بزرگ، نیز موجود است. با **1-888-587-8088 (TTY 711)** تماس بگیرید. این خدمات رایگان ارائه می شوند.

ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમને તમારી ભાષામાં મદદની જરૂર હોય તો આ નંબર પર કોલ કરો: **1-888-587-8088 (TTY 711)**. વિકલાંગ લોકો માટે સહાય અને સેવાઓ, જેમ કે બ્રેઇલ અને મોટી પ્રિન્ટમાં પણ દસ્તાવેજો ઉપલબ્ધ છે. કોલ કરો: **1-888-587-8088 (TTY 711)**. આ સેવા વિનામૂલ્યે ઉપલબ્ધ છે.

हिंदी (Hindi)

ध्यान दें: आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-888-587-8088 (TTY 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-587-8088 (TTY 711)** पर कॉल करें। ये सेवाएं निःशुल्क हैं।

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Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-888-587-8088** (TTY 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-888-587-8088** (TTY 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1-888-587-8088** (TTY 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。**1-888-587-8088** (TTY 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-888-587-8088** (TTY 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-888-587-8088** (TTY 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເປີ **1-888-587-8088** (TTY 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນຸ່ມແລະມິຕພິມໃຫຍ່ ໃຫ້ໂທຫາເປີ **1-888-587-8088** (TTY 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໄດ້.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-888-587-8088** (TTY 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-888-587-8088** (TTY 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

Português (Portuguese)

ATENÇÃO: Se você precisar de ajuda no seu idioma, ligue para **1-888-587-8088** (TTY 711). Serviços e auxílio para pessoas com incapacidades, como documentos em braile ou impressos com letras grandes, também estão disponíveis. Ligue para **1-888-587-8088** (TTY 711). Esses serviços são gratuitos.

ਪੰਜਾਬੀ (Punjabi)

ਧਾਰਾਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਾਚਿ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-888-587-8088** (TTY 711). ਅਧਾਰ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕੰਬੋਲ ਅਤੇ ਮੇਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-888-587-8088** (TTY 711) ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Română (Romanian)

ATENȚIE: În cazul în care aveți nevoie de ajutor în limba dvs., sunați la **1-888-587-8088** (TTY 711). Sunt disponibile, de asemenea, ajutorare și servicii pentru persoanele cu dizabilități, precum documente în limbaj Braille și cu caractere mărite. Sunați la **1-888-587-8088** (TTY 711). Aceste servicii sunt gratuite.

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Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-587-8088** (линия TTY **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-587-8088** (линия TTY **711**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-888-587-8088** (TTY **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-587-8088** (TTY **711**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-587-8088** (TTY **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-587-8088** (TTY **711**). Libre ang mga serbisyo ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข
1-888-587-8088 (TTY **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบราว์ล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-587-8088** (TTY **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Türkçe Etiket (Turkish)

DIKKAT: Kendi dilinizde yardıma ihtiyacınız varsa **1-888-587-8088** (TTY **711**) numaralı telefonu arayın. Braille alfabesi ve büyük harflerle yazılmış belgeler gibi engellilere yönelik yardım ve hizmetler de mevcuttur. Call: **1-888-587-8088** (TTY **711**). Bu hizmetler ücretsizdir.

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-587-8088** (TTY **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-888-587-8088** (TTY **711**). Ці послуги безкоштовні.

اردو ٹیگ لائن (Urdu)

توجه: اگر آپکو اپنی زبان میں مدد کی ضرورت ہے تو کال کریں **1-888-587-8088** (TTY **711**). معدور افراد کے لئے امداد اور خدمات ، جیسے بریل اور بڑے پرنٹ میں دستاویزات، بھی دستیاب ہیں۔ کال **1-888-587-8088** (TTY **711**)۔ یہ خدمات مفت ہیں۔

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-888-587-8088** (TTY **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-888-587-8088** (TTY **711**). Các dịch vụ này đều miễn phí.

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