



2023 Annual Notices Newsletter

Organ and Tissue Donation

Donating organs and tissue provides many societal benefits. Organ and tissue donation allows recipients of transplants to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak with your CalOptima Health PACE primary care provider. Organ donation begins at the hospital when a patient is pronounced brain dead and identified as a potential organ donor. An organ procurement organization helps coordinate the donation.

CalOptima Health PACE Participant Bill of Rights

When you join a PACE program, you have certain rights and protections. CalOptima Health PACE, as your PACE program, must fully explain and provide your rights to you or someone acting on your behalf in a way you can understand at the time you join.

At CalOptima Health PACE, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. This includes providing all Medicare-covered items and services and Medicaid services, and other services determined to be necessary by the Interdisciplinary Team across all care settings, 24 hours a day, 7 days a week. Our staff and contractors seek to affirm the dignity and worth of each participant by assuring the following rights:

YOU HAVE THE RIGHT TO BE TREATED WITH RESPECT.

You have the right to be treated with dignity and respect at all times, to have all of your care kept private and confidential, and to get compassionate, considerate care. You have the right:

- To get all of your health care in a safe, clean environment, and in an accessible manner.

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- To be free from harm. This includes physical or mental abuse, neglect, excessive medications, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms.
- To be encouraged and helped to use your rights in the PACE program.
- To get help, if you need it, to use the Medicare and Medi-Cal complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the CalOptima Health PACE Center.
- To not have to do work or services for the PACE program.

YOU HAVE A RIGHT TO PROTECTION AGAINST DISCRIMINATION.

Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. They cannot discriminate against you because of your:

- Race
- Ethnicity
- National origin
- Religion
- Age
- Sex
- Mental or physical disability
- Sexual orientation
- Source of payment for your health care (for example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at the PACE program to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at **1-800-368-1019**. TTY users should call **1-800-537-7697**.

YOU HAVE A RIGHT TO INFORMATION AND ASSISTANCE.

You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions. You have the right:

- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have the PACE program interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To get marketing materials and PACE participant rights in English and in any other frequently used language in your community. You can also get these materials in braille, if necessary.
- To have the Enrollment Agreement fully explained to you in a manner understood by you.
- To get a written copy of your rights from the PACE program. The PACE program must also post these rights in a public place in the PACE Center where it is easy to see them.
- To be fully informed, in writing, of the services offered by the PACE program. This includes telling you which services are provided by contractors instead of the PACE staff. You must be given this information before you join, at the time you join and when you need to make a choice about what services to receive.

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- To be provided with a copy of individuals who provide care-related services not provided directly by CalOptima Health PACE upon request.
- To look at, or get help to look at, the results of the most recent review of your PACE program. Federal and State agencies review all PACE programs. You also have a right to review how the PACE program plans to correct any problems that are found at inspection.

YOU HAVE A RIGHT TO A CHOICE OF PROVIDERS.

You have the right to choose a health care provider, including your primary care provider and specialists, from within the PACE program's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have the right to have reasonable and timely access to specialists as indicated by your health condition.

You also have the right to receive care across all care settings, up to and including placement in a long-term care facility when CalOptima Health PACE can no longer maintain you safely in the community.

YOU HAVE A RIGHT TO ACCESS EMERGENCY SERVICES.

You have the right to get emergency services when and where you need them without the PACE program's approval. A medical emergency is when you think your health is in serious danger — when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States and you do not need to get permission from CalOptima Health PACE prior to seeking emergency services.

YOU HAVE A RIGHT TO PARTICIPATE IN TREATMENT DECISIONS.

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right:

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- To have the PACE program help you create an advance directive if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting, and the reason you are being moved.

YOU HAVE A RIGHT TO HAVE YOUR HEALTH INFORMATION KEPT PRIVATE.

- You have the right to talk with health care providers in private and have your personal health care information kept private and confidential, including health data that is collected and kept electronically, as protected under State and Federal laws.

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- You have the right to look at and receive copies of your medical records and request amendments.
- You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
- You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, call the Office for Civil Rights at **1-800-368-1019**. TTY users should call **1-800-537-7697**.

YOU HAVE A RIGHT TO FILE A COMPLAINT, REQUEST ADDITIONAL SERVICES OR MAKE AN APPEAL.

You have a right to complain about the services you receive or that you need and don't receive, the quality of your care, or any other concerns or problems you have with your PACE program. You have the right to a fair and timely process for resolving concerns with your PACE program. You have the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened or discriminated against.
- **To contact 1-800-MEDICARE (1-800-633-4227) for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.**

You have the right to request services from CalOptima Health PACE that you believe are necessary. You have the right to a comprehensive and timely process for determining whether those services should be provided.

You also have the right to appeal any denial of a service or treatment decision by the PACE program, staff or contractors.

YOU HAVE A RIGHT TO LEAVE THE PROGRAM.

If, for any reason, you do not feel that the PACE program is what you want, you have the right to leave the program at any time and have such disenrollment be effective the first day of the month following the date CalOptima Health PACE receives your notice of voluntary disenrollment.

If you feel any of your rights have been violated, or you are dissatisfied and want to file a grievance or an appeal, please report this immediately to your social worker or call our office during regular business hours at: 1-714-468-1100 or our toll-free line at 1-844-999-PACE (7223).

If you would like to talk to someone outside of CalOptima Health PACE about your concerns, you may contact 1-800-MEDICARE (1-800-633-4227), or 1-888-804-3536 (Health Consumer Alliance-Medi-Cal Ombudsman Program).

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Participant Responsibilities

We believe that you and your caregiver play crucial roles in the delivery of your care. To assure that you remain as healthy and independent as possible, please establish an open line of communication with those participating in your care and be accountable for the following responsibilities:

You have the responsibility to:

- Cooperate with the Interdisciplinary Team in implementing your care plan.
- Accept the consequences of refusing treatment recommended by the Interdisciplinary Team.
- Provide the Interdisciplinary Team with a complete and accurate medical history.
- Utilize only those services authorized by CalOptima Health PACE.
- Take all prescribed medications as directed.
- Call the CalOptima Health PACE physician for direction in an urgent situation.
- Notify CalOptima Health PACE within 48 hours or as soon as reasonably possible if you require emergency services out of the service area.
- Notify CalOptima Health PACE when you wish to initiate the disenrollment process.
- Notify CalOptima Health PACE of a move or lengthy stay outside of the service area.
- Pay required monthly fees as appropriate.
- Treat our staff with respect and consideration.
- Not ask staff to perform tasks that they are prohibited from doing by CalOptima Health PACE or agency regulations.
- Voice any concerns or dissatisfaction you may have with your care.
- CalOptima Health PACE will make every reasonable effort to provide a safe and secure environment at the center. However, we strongly advise participants and their families to leave valuables at home. CalOptima Health PACE is not responsible for safeguarding personal belongings.

Information About the Grievance Process

Definition: A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with the services provided or the quality of participant care. You will receive written information of the grievance process when you enroll and at least annually thereafter. A grievance may include, but is not limited to:

- The quality of services you receive in your home, at the PACE Center or in an inpatient stay (hospital, rehabilitative facility, skilled nursing facility, intermediate care facility or residential care facility);
- Waiting times on the telephone, in the waiting room or exam room;
- Behavior of any of the care providers or program staff;
- Adequacy of center facilities;
- Quality of the food provided;
- Transportation services; and
- A violation of your rights

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Filing of Grievances

The information below describes the grievance process for you or your representative to follow should you or your representative wish to file a grievance.

1. You can verbally discuss your grievance either in person or by telephone with PACE program staff of the center you attend. The staff person will make sure that you are provided with written information on the grievance process and that your grievance is documented on the Grievance Report form. You will need to provide complete information of your grievance so the appropriate staff person can respond and help to resolve your grievance in a timely and efficient manner. If you wish to submit your grievance in writing, please send your written grievance to:

Quality Improvement Department
CalOptima Health PACE
13300 Garden Grove Blvd.
Garden Grove, CA 92843

You may also contact our Quality Improvement department at **1-714-468-1100** or toll-free at **1-844-999-PACE (7223)** to request a Grievance Report form and receive assistance in filing a grievance. For the hearing impaired please call **1-714-468-1063 (TTY)**. Our Quality Improvement department will provide you with written information on the grievance process. You may also access our website at www.caloptima.org to receive information about the grievance process.

2. The staff member who receives your grievance will help you document your grievance (if your grievance is not already documented) and coordinate investigation and action. All information related to your grievance will be held in strict confidence.
3. You will be sent a written acknowledgement of receipt of your grievance within five (5) calendar days, that will provide the specific steps, including timeframes for response, that will be taken to resolve your grievance. We will also discuss this information with you. Investigation of your grievance will begin immediately to find solutions and take appropriate action.
4. The CalOptima Health PACE staff will make every attempt to resolve your grievance within thirty (30) calendar days of receipt of your grievance and you will receive a written letter with the resolution. If you are not satisfied with that resolution, you and/or your representative have the right to pursue further action.
5. In the event resolution is not reached within thirty (30) calendar days, you or your representative will be notified in writing of the status and estimated completion date of the grievance solution.

Resolution of Grievances

1. Upon CalOptima Health PACE's completion of the investigation and reaching a final resolution of your grievance, you will receive a written notification that will provide you with a written report describing the reason for your grievance, and a summary of actions taken to resolve your grievance.

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2. CalOptima Health PACE will continue to furnish all required services to you during the grievance process.

Grievance Review Options

1. In the event that CalOptima Health PACE is unable to provide a satisfactory resolution, you are entitled to pursue your grievance with the DHCS, by contacting:

Health Consumer Alliance
Medicare Medi-Cal Ombudsman Program
www.healthconsumer.org

Telephone: 1-888-804-3536
TTY: 1-877-735-2929

Information About the Appeals Process

Definition: An appeal is a participant’s action taken by you with respect to CalOptima Health PACE’s decision not to cover or not to pay for a service, including denials, reductions or termination of services. You will receive written information of the appeals process when you enroll and at least annually after that or whenever the Interdisciplinary Team denies a service determination request or request for payment.

When CalOptima Health PACE decides not to cover or pay for a service you want, you may take action to change our decision. The action you take — whether verbally or in writing — is called an “**appeal**.” You have the right to appeal any decision we have made to deny, reduce or stop what you believe are covered services or to pay for services that you believe we are required to pay.

Standard and Expedited Appeals Processes: There are two types of appeals processes: standard and expedited. Both of these processes are described below.

If you request a **standard appeal**, your appeal must be filed within one-hundred-and eighty (180) calendar days of when your request for service or payment of service was denied, reduced or stopped. This is the date that appears on the Notice of Action for Service or Payment Request. (The 180-day limit may be extended for good cause.) We will respond to your appeal as quickly as your health requires, but no later than thirty (30) calendar days after we receive your appeal.

If you believe that your life, health, or ability to get well or stay well is in danger without the service you want, you or any treating physician may ask for an **expedited appeal**. We will automatically decide on your appeal as promptly as your health requires, but no later than seventy-two (72) hours after we receive your request for an appeal. We may extend this time frame up to fourteen (14) days if you ask for the extension or if we justify to the Department of Health Care Services (DHCS) the need for more information and how the delay benefits you.

Note: If the reason for your appeal is that CalOptima Health PACE decided to reduce or stop service(s) you were receiving, you may choose to request to continue receiving the disputed service(s) until the appeals process is completed. If our initial decision to reduce or stop services is upheld, you may be financially responsible for the payment of disputed service(s) provided during the appeals process.

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The information below describes the appeals process for you or your representative to follow should you or your representative wish to file an appeal:

1. If CalOptima Health PACE denies a service or payment for a service that you or your representative has requested or reduces or stops a service you were already receiving, you may appeal the decision. A written notification will be provided to you and/or your representative that will explain the reason for the denial of your service request or request for payment, and you will also receive verbal notification.
2. You can make your appeal either verbally, in person, by telephone or in writing with PACE program staff of the center you attend. The staff person will make sure that you are provided with written information on the appeals process, and that your appeal is documented on the appropriate form. You will need to provide complete information of your appeal so the appropriate staff person can help to resolve your appeal in a timely and efficient manner. You or your representative may present or submit relevant facts and/or evidence for review, in person as well as in writing, at the address listed below. If more information is needed, you will be contacted by the PACE Center Manager or the Quality Improvement department, who will assist you in obtaining the missing information.
3. If you wish to make your appeal by telephone, you may contact our PACE Center Manager or Quality Improvement department at **1-714-468-1100** from 8 a.m. to 4:30 p.m., Monday through Friday, to request an appeal form and/or to receive assistance in filing an appeal. For the hearing impaired, please call **1-714-468-1063** (TTY).
4. If you wish to submit your appeal in writing, please ask a staff person for an appeal form. Please send your written appeal to:
Quality Improvement Department
CalOptima Health PACE
13300 Garden Grove Blvd.
Garden Grove, CA 92843
5. You will be sent a written acknowledgement of receipt of your appeal within five (5) business days for a standard appeal. For an expedited appeal, we will notify you or your representative within one (1) business day by telephone or in person that the request for an expedited appeal has been received.
6. The reconsideration of a CalOptima Health decision will be made by a person(s) not involved in the initial decision-making process in consultation with the Interdisciplinary Team and who does not have a stake in the outcome of your appeal. We will ensure that this person(s) is both impartial and appropriately credentialed in the field(s) or discipline(s) related to the services you requested.
7. Upon CalOptima Health PACE's completion of the review of your appeal, you and your representative will be notified in writing of the decision on your appeal. As necessary and depending on the outcome of the decision, CalOptima Health PACE will inform you and/or your representative of other appeal rights you may have if the decision is not in your favor. Please refer to the information described below:

The Decision on Your Appeal:

If we decide fully in your favor, we are required to provide or arrange for services as quickly as your health condition requires. **If we decide fully in your favor** on a request for **payment**, we are required to make the requested payment within sixty (60) calendar days after receiving your request for an appeal.

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If we do not decide fully in your favor, we will provide you with written notification that will include the specific reason(s) for the denial, why the service would not improve or maintain your overall health, your right to appeal the decision, and a description of your external appeal rights through either the Medicare or Medi-Cal program (**see Additional Appeal Rights, below**). We also are required to notify the federal Centers for Medicare & Medicaid Services and the DHCS Long-Term Care Division.

Additional Appeal Rights Under Medi-Cal and Medicare

If we do not decide in your favor on your appeal or fail to provide you a decision within the required timeframe, you have additional appeal rights. Your request to file an external appeal can be made either verbally or in writing. The next level of appeal involves a new and impartial review of your appeal request through either the Medicare or Medi-Cal program.

The Medicare program contracts with an “Independent Review Organization” to provide external review on appeals involving PACE programs. This review organization is completely independent of CalOptima Health PACE.

The Medi-Cal program conducts their next level of appeal through the State Hearing process.

If you are enrolled in both **Medicare and Medi-Cal**, we will help you choose which appeals process you should follow. We also will send your appeal to the appropriate external program for review.

If you are not sure which program you are enrolled in, ask us. The Medicare and Medi-Cal external appeal processes are described below.

Medi-Cal External Appeals Process

If you are enrolled in both **Medicare and Medi-Cal OR Medi-Cal only** and choose to appeal our decision using Medi-Cal’s external appeals process, we will send your appeal to the California Department of Social Services. At any time during the appeals process, you may request a State Hearing through:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

Telephone: 1-800-952-5253
Fax: 1-916-229-4410
TTY: 1-800-952-8349

If you choose to request a State Hearing, you must ask for it within ninety (90) calendar days from the date of the decision by the third-party reviewer.

If the decision is not in your favor of your appeal, there are further levels of appeal, and we will assist you in pursuing your appeal.

Medicare External Appeals Process

If you are enrolled in both **Medicare and Medi-Cal OR Medicare only** and choose to appeal our decision using Medicare’s external appeals process, we will send your appeal to the current contracted Medicare appeals entity to impartially review your appeal. A written request for reconsideration must be filed with the current contracted Medicare appeals entity within sixty (60) calendar days from the date of the decision by the impartial reviewer of the internal appeal. The current contracted Medicare appeals entity will contact us with the results of their review. The current contracted Medicare appeals entity will either maintain our original decision or change our decision and rule in your favor.

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For more information regarding the appeals process or to request forms, please call **1-714-468-1100**. For the hearing impaired, please call **1-714-468-1063** (TTY) from 8 a.m. to 4:30 p.m., Monday through Friday. Or contact the PACE Center Manager or Quality Improvement department at:

CalOptima Health PACE
13300 Garden Grove Blvd.
Garden Grove, CA 92843

NOTICE OF NONDISCRIMINATION

Discrimination is against the law. CalOptima Health PACE follows State and Federal civil rights laws. CalOptima Health PACE 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 PACE provides:

- Free aids and services 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 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 PACE, 24 hours a day, 7 days a week, by calling **1-844-999-7223**. If you cannot hear or speak well, please call **1-714-468-1063** (TTY). 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 PACE
13300 Garden Grove Blvd.
Garden Grove, CA 92843
1-844-999-7223 (TTY 1-714-468-1063)

HOW TO FILE A GRIEVANCE

If you believe that CalOptima Health PACE 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 PACE Quality Improvement Grievance & Appeals Resolution Services. You can file a grievance by phone, in writing, in person or electronically:

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- By phone: Contact CalOptima Health PACE, 24 hours a day, 7 days a week, by calling **1-844-999-7223**. Or, if you cannot hear or speak well, please call **1-714-468-1063** (TTY).
- In writing: Fill out a complaint form or write a letter and send it to:
CalOptima Health PACE Quality Improvement – Grievance and Appeals
13300 Garden Grove Blvd.
Garden Grove, CA 92843
- In person: Visit your doctor’s office or CalOptima Health PACE and say you want to file a grievance.
- Electronically: Visit CalOptima Health’s website at www.caloptima.org/PACE.

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 for Civil Rights by phone, in writing or electronically:

- By phone: Call **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 **1-800-537-7697** (TTY).
- 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>.

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TAGLINE

English Tagline

ATTENTION: If you need help in your language call **1-844-999-7223** (TTY **1-714-468-1063**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-844-999-7223** (TTY **1-714-468-1063**). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-844-999-7223** (TTY **1-714-468-1063**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برييل والخط الكبير اتصل بـ **1-844-999-7223** (TTY **1-714-468-1063**). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-844-999-7223** (TTY **1-714-468-1063**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-844-999-7223** (TTY **1-714-468-1063**): Այդ ծառայություններն անվճար են:

ប្រាសាទសំខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-844-999-7223** (TTY **1-714-468-1063**) ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-844-999-7223** (TTY **1-714-468-1063**) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Simplified Chinese)

请注意:如果您需要以您的母语提供帮助,请致电 **1-844-999-7223** (TTY **1-714-468-1063**)。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 **1-844-999-7223** (TTY **1-714-468-1063**)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با **1-844-999-7223** (TTY **1-714-468-1063**) تماس بگیرید. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-844-999-7223** (TTY **1-714-468-1063**) تماس بگیرید. این خدمات رایگان ارائه می شوند.

हिंदी टैगलाइनी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-844-999-7223** (TTY **1-714-468-1063**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-844-999-7223** (TTY **1-714-468-1063**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-844-999-7223** (TTY **1-714-468-1063**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntauv su thiab luam tawm ua tus ntauv loj. Hu rau **1-844-999-7223** (TTY **1-714-468-1063**). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-844-999-7223** (TTY **1-714-468-1063**) 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。 **1-844-999-7223** (TTY **1-714-468-1063**) 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 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-844-999-7223** (TTY **1-714-468-1063**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-844-999-7223** (TTY **1-714-468-1063**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

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ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-844-999-7223 (TTY 1-714-468-1063)**. ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-844-999-7223 (TTY 1-714-468-1063)**. ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiexm longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-844-999-7223 (TTY 1-714-468-1063)**. 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 **1-844-999-7223 (TTY 1-714-468-1063)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-844-999-7223 (TTY 1-714-468-1063)**. ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ **1-844-999-7223 (TTY 1-714-468-1063)** ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ |

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-844-999-7223 (линия TTY 1-714-468-1063)**. Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-844-999-7223 (линия TTY 1-714-468-1063)**. Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-844-999-7223 (TTY 1-714-468-1063)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-844-999-7223 (TTY 1-714-468-1063)**. Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-844-999-7223 (TTY 1-714-468-1063)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-844-999-7223 (TTY 1-714-468-1063)**. Libre ang mga serbisyong ito.

ແທກໄລພາສາໄທ (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-844-999-7223 (TTY 1-714-468-1063)** นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-844-999-7223 (TTY 1-714-468-1063)** ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-844-999-7223 (TTY 1-714-468-1063)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-844-999-7223 (TTY 1-714-468-1063)**. Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-844-999-7223 (TTY 1-714-468-1063)**. 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 **1-844-999-7223 (TTY 711)**. Các dịch vụ này đều miễn phí.

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Form Approved
OMB# 0938-1421

Multi-language Interpreter Services

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-999-7223** (TTY **1-714-468-1063**). Someone who speaks English can help you. This is a free service.

Spanish:

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-999-7223** (TTY **1-714-468-1063**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電 **1-844-999-7223** (TTY **1-714-468-1063**)。我們的中文工作人員很樂意幫助您。這是一項免費服務。

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-999-7223** (TTY **1-714-468-1063**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog:

Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-844-999-7223** (TTY **1-714-468-1063**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-999-7223** (TTY **1-714-468-1063**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese:

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-999-7223** (TTY **1-714-468-1063**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-999-7223** (TTY **1-714-468-1063**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-999-7223** (TTY **1-714-468-1063**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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Russian:

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-412-2734** (телетайп **1-714-468-1063**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-999-7223** (TTY **1-714-468-1063**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi:

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-999-7323** (TTY **1-714-468-1063**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-999-7323** (TTY **1-714-468-1063**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese:

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-999-7223** (TTY **1-714-468-1063**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-999-7223** (TTY **1-714-468-1063**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-999-7223** (TTY **1-714-468-1063**). Ta usługa jest bezpłatna.

Japanese:

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-999-7223** (TTY **1-714-468-1063**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

:Farsi

ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، فقط با ما تماس بگیرید **1-844-999-7223** (TTY **1-714-468-1063**). کسی که انگلیسی صحبت می کند می تواند به شما کمک کند. این یک سرویس رایگان است.



CalOptima Health, A Public Agency

P.O. Box 11063
Orange, CA 92856-8163

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Look Inside

- Organ or Tissue Donation
- Participant Bill of Rights
- Grievance and Appeals Process
- Notice of Nondiscrimination

PACE Phone Numbers and Hours of Operations

You can contact us Monday through Friday from 8 a.m. to 4:30 p.m. We are closed on certain holidays.

PACE Local:	1-714-468-1100
PACE Toll-Free:	1-844-999-PACE (7223)
PACE TTY:	1-714-468-1063
On-Call Doctor (24 hours):	1-714-468-1100
Falls:	1-714-468-1100
Pharmacy:	1-714-554-1111
Transportation:	1-714-884-7976 1-562-688-7214

Urgent Care

Orange County Urgent Care Anaheim:	1-714-991-5700
Nellie Gail Urgent Care Laguna Hills:	1-949-600-1907
Sunrise Urgent Care Orange:	1-714-771-1420

Call 911 For Any Life-Threatening Emergency