

# WINNING HEALTH

SUMMER 2018

Medi-Cal/Healthy Kids HMO



## CAN YOU READ THIS NEWSLETTER?

If not, please call us at  
**1-800-260-2055**. We can help.  
**¿PUEDE LEER ESTE BOLETÍN?** Si no  
puede, llámenos al **1-800-260-2055**.  
Le ayudaremos.

**BẠN ĐỌC ĐƯỢC THÔNG TIN NÀY KHÔNG?**  
Nếu không, xin gọi số **1-800-260-2055**.  
Chúng tôi sẽ giúp.

**您能否阅读这份简报?** 如果不能,  
请致电 **1-800-260-2055** 联系我  
们。我们能为您提供帮助。

**NABABASA MO BA ANG NEWSLETTER NA  
ITO?** Kung hindi, pakitawagan kami sa  
**1-800-260-2055**. Makakatulong kami.

## We're moving!



Santa Clara Family Health Plan (SCFHP) has some exciting news!  
We have a new logo, new office location, and a new newsletter design!

● **Our office is moving  
this summer to:**

6201 San Ignacio Ave.  
San Jose, CA 95119

● **While our look has changed,  
our mission has not.** We will  
continue to work with providers to  
deliver high-quality health care to you.

● **Watch for your new SCFHP ID card in the mail.**

As your local  
community health  
plan, we welcome your  
calls and visits.

**THANK YOU FOR YOUR  
PATIENCE AS WE  
MAKE THE MOVE!**

### Call Us

**Customer Service**

8:30 a.m. to 5 p.m., Monday  
through Friday (except holidays)

**1-800-260-2055**

**TTY/TDD**

**1-800-735-2929** or **711**

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# Have you had a dental checkup this year?

Everyone should see a dentist every six months. This helps prevent cavities and other dental problems.

If you are a Medi-Cal member, dental benefits are provided through Denti-Cal. To find a provider, visit [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov) or call Denti-Cal at **1-800-322-6384**, 8 a.m. to 5 p.m., Monday through Friday.



If your child is a Healthy Kids HMO member, dental benefits are provided through Liberty Dental of California. Review the Liberty Dental Provider Directory on our website at

[www.scfhp.com/for-members/forms-and-documents](http://www.scfhp.com/for-members/forms-and-documents). Or call Liberty Dental's Customer Service Department at **1-888-902-0403**, 8 a.m. to 5 p.m., Monday through Friday.



## Sign up for mySCFHP!

### NEW MEMBER PORTAL

You now have access to your health plan information online. Sign up at

[www.member.scfhp.com](http://www.member.scfhp.com) and log in to:

- ▶ View or request an ID card
- ▶ View or change your primary care provider
- ▶ Find a network health care provider
- ▶ Sign up for health education classes

Medi-Cal members can also request transportation to medical appointments.

You will need your SCFHP member ID card to sign up. Create your account today!

## Back to school, back to the doctor

It's time to schedule a back-to-school doctor visit for your

child. This might be a well-child visit. Or—if your child is an athlete—it might be a sports physical.

In either case, it's the only visit many kids and teens have with their doctor each year. That's why it's so important. The doctor can give your child a physical exam and check for any hidden health problems.

These visits are also a chance:

- ▶ To be sure your child's vaccines are up-to-date. Childhood vaccines help keep your child safe from 14 different diseases, some life-threatening. And kids don't outgrow their need for them. Even preteens and teens need vaccines.
- ▶ For you to bring up any concerns you have about

your child's health and development. What's a healthy weight for your child? How can you help your child eat better or exercise more? What's the best way to discourage your child from smoking or help him or her cope with peer pressure?

Any question you have is an important one. And as long as you speak up, your child's doctor will guide you.

Sources: American Academy of Pediatrics; Centers for Disease Control and Prevention





## **NONDISCRIMINATION NOTICE**

Discrimination is against the law. Santa Clara Family Health Plan (SCFHP) follows Federal civil rights laws. SCFHP does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

SCFHP 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 SCFHP between 8:30 a.m. and 5:00 p.m., Monday through Friday by calling **1-800-260-2055**. Or, if you cannot hear or speak well, please call **1-800-735-2929** or **711**.

## **HOW TO FILE A GRIEVANCE**

If you believe that Santa Clara Family Health Plan (SCFHP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with SCFHP. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SCFHP between 8:30 a.m. to 5 p.m., Monday through Friday by calling **1-800-260-2055**. Or, if you cannot hear or speak well, please call **1-800-735-2929** or **711**.
- In writing: Fill out a complaint form or write a letter and send it to:  
  
**Attn: Appeals and Grievances Department**  
**Santa Clara Family Health Plan**  
**6201 San Ignacio Ave**  
**San Jose, CA 95119**
- In person: Visit your doctor's office or SCFHP and say you want to file a grievance.
- Electronically: Visit SCFHP's website at [www.scfhp.com](http://www.scfhp.com).

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## **OFFICE OF CIVIL RIGHTS**

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/TDD **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>.



## Language Assistance Services

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-260-2055. (TTY: 1-800-735-2929 or 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-260-2055 (TTY: 1-800-735-2929 o 711).

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-260-2055 (TTY: 1-800-735-2929 hoặc 711).

**Tagalog – Filipino (Tagalog):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-260-2055 (TTY: 1-800-735-2929 o 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-260-2055 (TTY: 1-800-735-2929 또는 711)번으로 전화해 주십시오.

**中文 (Chinese):** 注意：如果您说中文，将为您提供免费的语言服务。请致电 1-800-260-2055。(TTY：1-800-735-2929 或 711)。

**Հայերեն (Armenian):** Ուշադրութեամբ խոսելու էք իսկուհի էք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-800-260-2055 (TTY (հեռատիպ)՝ 1-800-735-2929 կամ 711)։

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-260-2055 (телетайп: 1-800-735-2929 или 711).

**فارسی (Persian, Farsi):**

**توجه:** اگر به زبان فارسی صحبت می کنید، کمک در زمینه زبان به صورت رایگان در اختیارتان قرار خواهد گرفت. با 1-800-260-2055 (TTY 1-800-735-2929 یا 711) تماس بگیرید.

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-260-2055 (TTY: 1-800-735-2929 または 711)まで、お電話にてご連絡ください。

**Hmoob (Hmong):** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-260-2055 (TTY: 1-800-735-2929 los sis 711).

**ਪੰਜਾਬੀ (Punjabi):** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹਾਂ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-800-260-2055 (TTY: 1-800-735-2929 ਜ 711) ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-260-2055 (رقم الهاتف النصي: 1-800-735-2929 أو 711).

**हिंदी (Hindi):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-260-2055 (TTY: 1-800-735-2929 या 711) पर कॉल करें।

**ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-260-2055 (TTY: 1-800-735-2929 หรือ 711).

**ខ្មែរ (Mon-Khmer, Cambodian):** ប្រមូលកិច្ចការដាក់: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ នោះលោកអ្នកអាចស្វែងរកសេវាជំនួយផ្នែកភាសា បានដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-800-260-2055។ (TTY: 1-800-735-2929 ឬ 711)។

**ພາສາລາວ (Lao):** ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໃຫ້ໂທຫາເບີ 1-800-260-2055. (TTY: 1-800-735-2929 ຫຼື 711).



**BE SURE TO KEEP** your contact information up-to-date. The county needs to be able to reach you when it's time to renew. Contact Santa Clara County Social Services Agency at **1-408-758-3600** or visit **www.mybenefitscalwin.org**.



## Medi-Cal members: Need a ride? We can help!

If you need a ride to a medical appointment, contact Customer Service ahead of time to arrange transportation. Make your request:

- ▶ Three days before your appointment for non-medical transportation
- ▶ Five days before your appointment for non-emergency medical transportation

To request a ride, log in to mySCFHP at **www.member.scfhp.com** or call Customer Service at **1-800-260-2055**. TTY/TDD users should call **1-800-735-2929** or **711**.

# Keeping your coverage

## How to renew your Medi-Cal coverage

To keep your Medi-Cal health care benefits, your coverage must be renewed each year.

First, Santa Clara County Social Services Agency checks your Medi-Cal eligibility using information they already have about you. If the county is able to verify all of your information, your coverage is renewed. The county sends you a notice saying so. You don't have to do anything else.

If the county cannot verify your information, they will send you a redetermination packet asking for more information. You can provide the requested information to the county in one of the following ways:

- Call **1-408-758-3600**
- Fax **1-408-295-9248**
- Mail to:  
**Santa Clara County Social Services Agency**  
P.O. Box 11018  
San Jose, CA 95103-1018

- Visit a Santa Clara County Social Services Agency office:  
**Assistance Application Center**  
1867 Senter Road  
San Jose, CA 95112  
**North County Office**  
1330 W. Middlefield Road  
Mountain View, CA 94043  
**South County Office**  
379 Tomkins Court  
Gilroy, CA 95020

- Visit **www.mybenefitscalwin.org**  
The county will review and send you a letter telling you if you are still eligible for Medi-Cal or if additional information is needed.

If you don't provide the information on time, you will lose your Medi-Cal coverage. You will receive a notice and will have 90 days to provide the missing information to get your Medi-Cal coverage back.

If your income, family size, or address changes during the year, you must tell Santa Clara County Social Services Agency within 10 days. They will review the change and let you know if you are still eligible for Medi-Cal.



# Timely access to care

Santa Clara Family Health Plan (SCFHP) is committed to providing timely access to care for all members. Please see the chart for information on the maximum amount of time you should have to wait for an appointment.

You also have the right to receive interpreter services in a timely manner for your scheduled appointments.



APPOINTMENT TYPE	MUST GET APPOINTMENT WITHIN
Urgent care appointments that <b>do not</b> require pre-approval (prior authorization)	48 hours
Urgent care appointments that <b>do</b> require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-physician)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Vision care appointments	15 business days
Telephone wait times during normal business hours	10 minutes
Triage-24/7 services	24/7 services-No more than 30 minutes

### HEALTHY KIDS HMO MEMBERS

In addition to the wait times listed in the chart, you can expect to get a dental care appointment within:

- › 72 hours for urgent appointments
- › 36 business days for non-urgent appointments
- › 40 business days for preventive appointments

**IF YOU WERE** unable to get a response within the expected time frame, please call SCFHP Customer Service.

You can also call the California Department of Managed Health Care at **1-888-466-2219** or visit their website at [www.dmhc.ca.gov](http://www.dmhc.ca.gov).

## Do you have Medi-Cal and Medicare?

Cal MediConnect combines these benefits into one plan with one member ID card and one phone number to call for help. Call **1-888-202-3353** to learn more and enroll in Cal MediConnect!



**One** ID card  
**One** phone number  
**One** health plan  
**Cal MediConnect**

## WINNING HEALTH

Medi-Cal/Healthy Kids HMO

SUMMER 2018

WINNING HEALTH is published as a community service for the friends and patrons of Santa Clara Family Health Plan.

Information in WINNING HEALTH comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

Models may be used in photos and illustrations.

### Santa Clara Family Health Plan

P.O. Box 18880, San Jose, CA 95158

**1-800-260-2055** • [www.scfhp.com](http://www.scfhp.com)

TTY/TDD: **1-800-735-2929** or 711