

HEALTH *matters*

Benefit information, health tips and resources for Health Plan of San Mateo members

V1-2025



- 2 Understanding Your Rights and Benefits
- 3 Important Notices on Getting Care
- 4 No-cost Language Assistance Services
- 6 Don't Wait to Renew Your Medi-Cal
- 7 HPSM Protects Your Privacy
- 8 Knowing the Right Number to Call Saves Time

Health Plan of San Mateo is one of the highest-rated health plans in the nation with a rating of 4.5 out of 5.0! Check out our results at <https://tinyurl.com/eyrtzdb> NCOA Health Plan Ratings 2024



Health Plan
OF SAN MATEO
Health is for everyone
801 GATEWAY BOULEVARD SUITE 100
SOUTH SAN FRANCISCO CA 94080

PRSR1 STD
U.S. POSTAGE
PAID
HPSM



UNDERSTANDING YOUR RIGHTS AND BENEFITS

As an HPSM member, Federal and State civil rights laws grant you the right to get healthcare that respects your language, culture and ability. You also have access to many benefits, programs, services, educational materials and more. Our goal is to help you make the most of these resources so you can live your healthiest life.

Healthy is for everyone stands for HPSM's commitment to making sure all our members can get the care they need.

This issue of **HEALTHmatters** explains some of the healthcare resources available to you, how they can help you and how to use them. If you have questions about any of them, please call or email HPSM (see page 8 for contact information).

| Learn more about your member rights and benefits at www.hpsm.org/member-rights.

IMPORTANT NOTICES ON GETTING CARE

We provide important information to help you navigate your healthcare experience. Our goal is to keep all members informed about the range of services we offer, from behavioral health to specialty care, and more. We are here to make it easier for you to find the information and services you need. See below for more member resources.



Behavioral health: For mental health services provided by HPSM, call the San Mateo County Behavioral Health and Recovery Services (BHRS) ACCESS Call Center at **1-800-686-0101** (TTY 7-1-1).



Benefit restrictions: Healthcare services provided to HPSM members are subject to terms, conditions, exclusions and limitations (including services obtained outside HPSM's service area) as listed in the Medi-Cal Evidence of Coverage (EOC).



Coverage for new technology: Requests for new technologies and experimental treatments are reviewed by HPSM. Approval may be given if you have a life threatening or seriously debilitating condition for which standard treatment has not worked, is not appropriate or is not covered by Medi-Cal.



Filing complaints and appeals: If you are not satisfied with your medical care, the service provided by HPSM or your provider's office, you can file a complaint or appeal. Learn more at www.hpsm.org/member/file-a-complaint.



Hospital care: In an emergency, call **9-1-1** or go to the nearest hospital. If you need hospital care and it is not an emergency, your primary care provider (PCP) will get you pre-approval and decide which hospital you should go to. You need to go to a hospital in the HPSM network. Learn more at www.hpsm.org/find-a-provider.



Submitting claims for covered services: If you get a bill for a covered service, do not pay it. If you have already paid, call Member Services to find out how to get your money back. Learn more at www.hpsm.org/member-claims.



Service outside of business hours: You can still call HPSM or your PCP after regular business hours. (HPSM's hours are Monday through Friday from 8:00 a.m. to 6:00 p.m.) For emergencies, call **9-1-1** or go to the nearest emergency room. If you are not sure it is an emergency, call the Nurse Advice Line at **1-833-846-8773**.



Service outside of California: For emergency healthcare while traveling, you may be able to see an out-of-network provider at no cost. To get authorization, call your PCP or Member Services right away (see page 8). Learn more at www.hpsm.org/MC-service-area.



Specialty care: If you need to see a specialist, your PCP will work with you to choose one, give you a referral and help you set up an appointment.

You can find more details in the Medi-Cal Member Handbook / Evidence of Coverage (EOC) at www.hpsm.org/medi-cal-manuals.



NO-COST LANGUAGE ASSISTANCE SERVICES

HPSM offers phone, video and in-person interpreter services and materials in other languages and formats for members who:

- Speak or read a language other than English.
- Have hearing or vision impairment.

You have the right to ask for an interpreter when:

- On the phone or in person with HPSM staff* or your provider and their staff.
- Getting medicine at the pharmacy.

To get an interpreter, just tell the person you are talking with.

| Learn how to get an interpreter at www.hpsm.org/interpreters.

* HPSM departments include Member Services, the CareAdvantage Unit, Care Management, Grievance & Appeals, Health Promotion and Utilization Management. See page 8 for phone numbers.

If your provider does not speak your language, you can get an interpreter

Your providers are required to offer you interpreter services for any kind of visit (in-person, phone or video). HPSM may share your preferred language with your provider so they can better serve you. Providers cannot require members to use family or friends as “informal” interpreters during visits. Learn why it is better to use professional language interpreters at www.hpsm.org/language-interpreters.

If you are not satisfied with the language assistance services provided by our contracted interpreters or providers, you have the right to submit a complaint or grievance. Learn more at www.hpsm.org/complaints.





HPSM provides materials in different languages and formats

These materials include your member rights and responsibilities. View and download them at www.hpsm.org/member-handbooks.

Member materials are available in English, Spanish, Chinese and Tagalog. You can also get them in other formats (such as large print, braille and/or audio) at no cost. To request printed copies, call or email Member Services (see page 8).

Member Handbook: Describes your benefits and how to use them. It is updated regularly and includes information on:

Covered benefits, services and medicines

- Copays (if you have them)
- Submitting claims for covered benefits (if needed)
- Member rights and responsibilities

Providers

- Selecting a primary care provider (PCP)
- Details about both in- and out-of-network care
- Finding information about network providers (PCPs, specialty and mental health providers, and hospitals)

Access to care

- Getting care in an emergency, after normal business hours or outside of San Mateo County
- Getting healthcare services and prescription medicines
- Getting information and services in your preferred language

Appeals and complaints

- Details about HPSM's appeals review process, including how to appeal a denied service
- Submitting complaints
- How decisions are made to cover new technology as a benefit

Provider Directory: A listing of all providers and specialists. Search it online at www.hpsm.org/find-a-provider. For help finding a provider, call Member Services or the Care Advantage Unit (see page 8).

Formulary: A list of medicines that your plan covers.

- **CareAdvantage:** Search the Formulary online at www.hpsm.org/medicines to find covered medicines.
- **Medi-Cal:** Pharmacy services are managed by the California Department of Health Care Services (DHCS) through the Medi-Cal Rx program. Find covered medicines online at <https://medi-calrx.dhcs.ca.gov/member/drug-lookup>. For questions about getting your medicines, log in to the Medi-Cal Rx Beneficiary Portal at <https://medi-calrx.dhcs.ca.gov/member/login> or call **1-800-977-2273** (TTY users dial **7-1-1**).

Summary of Benefits: (CareAdvantage only) Explains CareAdvantage benefits and services.



DON'T WAIT TO RENEW YOUR MEDI-CAL

Complete and mail your renewal packet today

Did you get an envelope from the San Mateo County Human Services Agency (HSA)? If so, make sure you fill out the Medi-Cal renewal forms and mail them back right away. This will help you avoid losing your Medi-Cal coverage. Turn in what you have now — even if it is not complete. You can send the rest later.

If you have internet access, you can complete your Medi-Cal renewal online at www.benefitscal.com. If you do not have an account, please create one.

When HSA gets your packet, they will mail you a letter saying your Medi-Cal was renewed or asking for more information.

If you have any questions about your Medi-Cal renewal:

- Call San Mateo County Human Services Agency at **800-223-8383**.
- Visit the San Mateo County Human Services Agency in person at one of these locations:

Mid County, Belmont

400 Harbor Boulevard
Belmont, CA 94002

Daly City

271 92nd Street
Daly City, CA 94015

East Palo Alto

2415 University Avenue
East Palo Alto, CA 94303

Redwood City

2500 Middlefield Road
Redwood City, CA 94063

If you do lose your coverage and believe you are still eligible, ask San Mateo County HSA to review your case.

HPSM PROTECTS YOUR PRIVACY

Your healthcare is between you and your providers. That's why we are committed to protecting the privacy of your personal health information. Our Privacy Policy explains how we do this by:

- Complying with State and Federal privacy laws.
- Following specific privacy practices* (such as only sharing your health information with those who need it and only sharing the information they need).
- Respecting your rights related to health information.

A revised Privacy Notice was put into effect on 10/1/2024. To learn how HPSM may use or share your health information, read HPSM's Privacy Policy at www.hpsm.org/privacy.

If you have questions about HPSM's Privacy Policy or would like a copy sent to you, email the HPSM Compliance Department at compliance@hpsm.org.

* Your provider may have different policies or notices regarding their use and disclosure of your health information created in the provider's office.





KNOWING THE RIGHT NUMBER TO CALL SAVES TIME

For questions about your benefits:

CareAdvantage members:

call the CareAdvantage Unit at **650-616-2174** or toll-free **1-866-880-0606** Monday to Sunday 8:00 a.m. to 8:00 p.m.
Email: CareAdvantageSupport@hpsm.org.

HPSM Medi-Cal and HealthWorx members and ACE participants:

call HPSM Member Services at **650-616-2133** or toll-free **1-800-750-4776** Monday to Friday 8:00 a.m. to 6:00 p.m.
Email: MemberServicesSupport@hpsm.org.

| Information you need: | Call: | Phone # |
|---|----------------------------|---|
| If your provider is not available or it is after hours and you have urgent health concerns | The Nurse Advice Line | 1-833-846-8773 |
| If your dental provider is not available or it is after hours and you have urgent dental concerns | Dentistry.One | 1-844-240-1883 |
| Rides to approved healthcare visits | American Logistics | CareAdvantage members: 1-877-356-1080 Medi-Cal members: 1-844-856-4389 |
| Prior authorizations | Utilization Management | Inpatient: 650-616-2828 Outpatient: 650-616-2070 |
| Claims | Claims Services | 650-616-2106 |
| Filing complaints | Grievance and Appeals Unit | Toll-free: 1-888-576-7227 Local: 650-616-2850 |
| Behavioral healthcare | BHRS ACCESS Call Center | 1-800-686-0101 |

TTY for all phone numbers: **1-800-735-2929** or dial **7-1-1**.

All calls are no cost.

NONDISCRIMINATION NOTICE

Discrimination is against the law HPSM follows State and Federal civil rights laws. HPSM 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.

HPSM 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 the CareAdvantage Unit between Monday through Sunday, 8:00 a.m. to 8:00 p.m. by calling **1-866-880-0606**. If you cannot hear or speak well, please call TTY **1-800-735-2929** or **7-1-1**). Upon request, this document can be made available to you in braille, large print, electronic or audio format. To obtain a copy in one of these alternative formats, please call or write to:

Health Plan of San Mateo
Attn.: CareAdvantage Unit
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080
1-866-880-0606 or **650-616-2174**
TTY: **1-800-735-2929** or **7-1-1**

HOW TO FILE A GRIEVANCE

If you believe that HPSM 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 HPSM. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact between Monday through Sunday, 8:00 a.m. to 8:00 p.m. by calling **1-866-880-0606**. Or, if you cannot hear or speak well, please call TTY **1-800-735-2929** or dial **7-1-1**.
- In writing: Fill out a complaint form or write a letter and send it to:

Health Plan of San Mateo
Attn.: Civil Rights Coordinator
801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

- In person: Visit your doctor's office or HPSM and say you want to file a grievance.
- Electronically: Visit HPSM's website at grievance.hpsm.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 **916-440-7370**. If you cannot speak or hear well, please call **7-1-1 (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 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/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 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>.

English: ATTENTION: If you need help in your language call **1-866-880-0606** (TTY: **1-800-735-2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-866-880-0606** (TTY: **1-800-735-2929**). These services are free of charge.

الشعار بالعربية (Arabic): يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-866-880-0606** (TTY: **1-800-735-2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برييل والخط الكبير. اتصل بـ **1-866-880-0606** (TTY: **1-800-735-2929**). هذه الخدمات مجانية.

հայերեն (Armenian): ՌԻՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնւթյոն է հարկավոր Ձեր լեզվով, գանգահարեք **1-866-880-0606** (TTY: **1-800-735-2929**): Կան նաև օժանդակ միջոցներ ու ծառայութիւններ հաշմանդամութիւն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կտրվածք: Չանգահարեք **1-866-880-0606** (TTY: **1-800-735-2929**): Այդ ծառայութիւններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian): ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-866-880-0606 (TTY:1-800-735-2929)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរតូច ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-866-880-0606 (TTY: 1-800-735-2929)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

中國人 (Chinese): 请注意：如果您需要以您的母语提供帮助，请致电 **1-866-880-0606** (TTY: **1-800-735-2929**)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-866-880-0606** (TTY: **1-800-735-2929**)。这些服务都是免费的。

(Farsi) مطلب به زبان فارسی توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-866-880-0606** (TTY: **1-800-735-2929**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، **1-866-880-0606** (TTY: **1-800-735-2929**) نیز موجود است. با این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-866-880-0606** (TTY: **1-800-735-2929**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-866-880-0606** (TTY: **1-800-735-2929**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong): CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-866-880-0606** (TTY: **1-800-735-2929**). 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 **1-866-880-0606** (TTY: **1-800-735-2929**). Cov kev pab cuam no yog pab dawb xwb.

日本(Japanese): 注意日本語での対応が必要な場合は **1-866-880-0606** (TTY: **1-800-735-2929**)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。 **1-866-880-0606** (TTY: **1-800-735-2929**)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。

한국인 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-866-880-0606** (TTY: **1-800-735-2929**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-866-880-0606** (TTY: **1-800-735-2929**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Lao): ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-866-880-0606** (TTY: **1-800-735-2929**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-866-880-0606** (TTY: **1-800-735-2929**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien: LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-866-880-0606** (TTY: **1-800-735-2929**). 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 **1-866-880-0606** (TTY: **1-800-735-2929**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

Português (Portuguese): ATENÇÃO: se precisar de ajuda em seu idioma, ligue para **1-866-880-0606** (TTY: **1-800-735-2929**). Auxílios e serviços para pessoas com deficiência, como documentos em braille e letras grandes, também estão disponíveis. Ligue para **1-866-880-0606** (TTY: **1-800-735-2929**). Tais serviços são gratuitos.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-866-880-0606** (TTY: **1-800-735-2929**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-866-880-0606** (TTY: **1-800-735-2929**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-866-880-0606** (TTY: **1-800-735-2929**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-866-880-0606** (линия **1-800-735-2929**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-866-880-0606** (TTY: **1-800-735-2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-866-880-0606** (TTY: **1-800-735-2929**). Estos servicios son gratuitos.

Tagalog: ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-866-880-0606** (TTY: **1-800-735-2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-866-880-0606** (TTY: **1-800-735-2929**). Libre ang mga serbisyong ito.

แบบไทย (Thai): โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-866-880-0606** (TTY: **1-800-735-2929**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-866-880-0606** (TTY: **1-800-735-2929**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

українською (Ukrainian): УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-866-880-0606** (TTY: **1-800-735-2929**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-866-880-0606** (TTY: **1-800-735-2929**). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-866-880-0606** (TTY: **1-800-735-2929**). 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 **1-866-880-0606** (TTY: **1-800-735-2929**). Các dịch vụ này đều miễn phí.