

Post Office Box 9103 Van Nuys, California 91409-9103

#### Health Net Member Handbook Errata

There are changes to your Member Handbook. This Errata describes the Postpartum Care Extension (PCE) Program and Rapid Whole Genome Sequencing for members who qualify. The language shown below is now part of your Member Handbook.

Health Net is here to help. If you have any questions, call toll free **1-800-675-6110 (TTY 711).** Health Net is here 24 hours a day, 7 days a week, or visit us online at <u>www.healthnet.com</u>.

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### Section 4 - Benefits and services

# Medi-Cal benefits covered by Health Net

#### **Outpatient (ambulatory) services**

The Provisional Postpartum Care Extension Program has been replaced with the new Postpartum Care Extension Program.

### The Postpartum Care Extension Program

The Postpartum Care Extension Program provides extended coverage for Medi-Cal members during both the pregnancy and after pregnancy.

The Postpartum Care Extension Program extends coverage by Health Net for up to 12 months after the end of the pregnancy regardless of income, citizenship, or immigration status and no additional action is needed.

#### **Rapid Whole Genome Sequencing**

Rapid Whole Genome Sequencing (rWGS), including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing, is a covered benefit for any Medi-Cal member who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. rWGS is an emerging method of diagnosing conditions in time to affect ICU care of children one year of age or younger. If your child is eligible for California Children's Services (CCS), CCS may be responsible for covering the hospital stay and the rWGS.

## Nondiscrimination Notice

Health Net follows State and Federal civil rights laws and does not 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.

Health Net provides:

- Free aids and services to people with disabilities to communicate better with us, such as qualified sign language interpreters and 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 and information written in other languages.

If you need these services or to request this document in an alternative format, contact the Health Net Customer Contact Center at 1-800-675-6110 (TTY: 711), 24 hours a day, 7 days a week, 365 days a year.

If you believe that Health Net has failed to provide these services or unlawfully discriminated in another way, you can file a grievance with Health Net by phone, in writing, in person or electronically:

- <u>By phone</u>: Call Health Net Civil Rights Coordinator at 1-866-458-2208 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.
- <u>In writing</u>: Fill out a complaint form or write a letter and send it to Health Net Civil Rights Coordinator, P.O. Box 9103, Van Nuys, CA 91409-9103.
- <u>In person</u>: Visit your doctor's office or Health Net and say you want to file a grievance.
- <u>Electronically</u>: Visit Health Net's website at <u>www.healthnet.com</u>

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:

- <u>By phone</u>: Call 916-440-7370. If you cannot speak or hear well, please call 711.
- <u>In writing</u>: Fill out a complaint form or write a letter and send it 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 <u>http://www.dhcs.ca.gov/Pages/Language\_Access.aspx</u>.
- <u>Electronically</u>: Send an email to <u>CivilRights@dhcs.ca.gov</u>.

If you believe you have been discriminated against because 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:

- <u>By phone</u>: 1-800-368-1019 (TDD: 1-800-537-7697)
- <u>In writing</u>: 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, DC 20201 Complaint forms are available at <u>http://www.hhs.gov/ocr/office/file/index.html</u>
- <u>Electronically</u>: Visit the Office for Civil Rights Complaint Portal at <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u>.