



1740 Creekside Oaks Dr. Ste. 200
Sacramento, CA 95833

California Health & Wellness 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.

California Health & Wellness is here to help. If you have any questions, call toll free **1-877-658-0305 (TTY 711)**. California Health & Wellness is here 24 hours a day, 7 days a week, or visit us online at www.CAHealthWellness.com.

Section 4 - Benefits and services

Medi-Cal benefits covered by California Health & Wellness

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 California Health & Wellness 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

California Health and Wellness 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.

California Health and Wellness 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 California Health and Wellness Customer Contact Center at 1-877-658-0305 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

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

- By phone: Call California Health and Wellness Plan Civil Rights Coordinator at 1-866-458-2208 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.
- In writing: Fill out a complaint form or write a letter and send it to California Health and Wellness Plan Civil Rights Coordinator, P.O. Box 10287 Van Nuys, CA 91410-0287.
- In person: Visit your doctor's office or California Health and Wellness and say you want to file a grievance.
- Electronically: Visit California Health and Wellness's website at www.cahealthwellness.com.

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 711.
- In writing: 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 http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

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

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:

- By phone: 1-800-368-1019 (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, DC 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>.