



June 14, 2013

Department of Healthcare Services
Delivered via email to: info@calduals.org

Re: Comments on Cal MediConnect Enrollment Materials

Thank you for the opportunity to comment on the Cal MediConnect Enrollment materials released for stakeholder review on June 3, 2013. In addition to our comments here, we have attached the notices and Health Plan Guidebook with our suggested changes in track changes. We commend DHCS for incorporating many previous stakeholder comments into these draft notices.

As a preliminary matter, we request that **all** notices and enrollment materials directed to beneficiaries undergo stakeholder review and comment. These notices and Guidebook are only applicable to two-plan and GMC counties. We understand that the county health plans will be responsible for drafting beneficiary notices and enrollment materials in COHS counties. It is imperative that the COHS county materials receive the same review and comment as notices drafted by DHCS.

Readability and Comprehension

DHCS has indicated that these notices have been beneficiary tested. We would like confirmation that all materials have undergone beneficiary testing and that testing included beneficiaries with limited English proficiency, who are blind and visually impaired, who are deaf (a significant number of whom have limited English literacy and are monolingual ASL), and who have cognitive impairments. We also seek assurance that the materials have been written at a sixth grade level. Finally, we urge DHCS to insert a tagline on all of these notices in the Medi-Cal threshold languages that informs LEP beneficiaries how to get information in their primary language. We appreciate that the notices direct beneficiaries to call Health Care Options if they need the notice in another language, but we would prefer that the notices give this information to consumers in their primary languages.

Emphasis on Choice

We believe it is critical that the notices encourage beneficiaries to seek information and find out more about the health care changes affecting them. With a passive enrollment process, many beneficiaries will passively experience a change in their healthcare coverage. As we learned from the SPD transition, beneficiaries who made a choice in the process were far more satisfied with the transition than those who were passively placed in a health plan.¹

¹ See, California HealthCare Foundation "Briefing,— Transitioning the SPD Population to Medi-Cal Managed Care"(March 28, 2013) at www.chcf.org/events/2013/briefing-spd-transition-managed-care; and "A First Look:

Accordingly, the purpose of these notices is two-fold: 1. inform beneficiaries of the significant change to their coverage; 2. strongly encourage beneficiaries to obtain more information about the change by providing the beneficiaries with next steps and resources for additional information. Currently, the 90-day notice includes the following language in bold: "You do not need to do anything at this time." This is not the message we want to convey to beneficiaries. Instead, language should be added emphasizing that beneficiaries will need to make choices and encouraging beneficiaries to seek out information. Likewise, the section titled "What should I do now?" should underscore the importance of seeking out information to help the beneficiary make an informed decision.

Long Term Services and Supports

The notices and Guidebook repeatedly state or imply that the only benefits provided by a Medi-Cal managed care plan are long term services and supports. Although practically speaking this may be the only type of Medi-Cal benefit a dual eligible beneficiary will utilize, this language is misleading and confusing. We have deleted and amended language in the notices and Guidebook to accurately reflect what Medi-Cal benefits are provided under Medi-Cal managed care.

Continuity of Care

As we learned from the SPD transition, the right to continuity of care was not widely known or understood by beneficiaries, plans, or providers and created immense disruption in care for countless beneficiaries. We applaud DHCS's efforts to educate providers on continuity of care and encourage DHCS to continue this outreach to providers including, but not limited to, doctors and their office staff, hospital staff including social workers and case managers, nursing homes, home and community based service providers, and pharmacies.

To address continuity of care, we added a question in the beginning of the Guidebook directing beneficiaries to more detailed information regarding continuity of care rights later in the Guidebook. For many beneficiaries, continued access to their prescription drugs and treatment regimens is more important than access to their doctors and providers. These continuity of care rights should also be explained in the Guidebook.

Who Can Join Cal MediConnect

Only individuals who are subject to passive enrollment (or individuals who can voluntarily enroll in certain San Bernardino County zip codes) should receive enrollment materials. Yet, the Guidebook spells out who can and cannot join a Cal MediConnect plan. Including this language implies that the beneficiary receiving the materials may not be able to choose a Cal MediConnect plan when, in fact, the beneficiary only received the Guidebook because he has that option. Similarly, under the Medi-Cal Plan section, the Guidebook outlines exceptions to mandatory enrollment in a Medi-Cal plan. Individuals who fall within these exceptions should not receive the enrollment materials. We recognize that erroneous enrollment materials may

Mandatory Enrollment of Medi-Cal's Seniors and People with Disabilities into Managed Care" (August 2012) at [/www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/F/PDF%20FirstLookMandatoryEnrollmentSPD.pdf](http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/F/PDF%20FirstLookMandatoryEnrollmentSPD.pdf).

be sent inadvertently and the inclusion of information about who is subject to these changes is important to include in the Guidebook. We believe that rather than spelling out who cannot join a plan under each plan description, the beginning of the Guidebook should include a disclaimer such as, "If you received this Guidebook and you fall within one of these groups, you should contact Healthcare Options. This Guidebook may not apply to you. Healthcare Options will send you the correct materials."

Medical Exemption Request

The availability of a Medical Exemption Request is not included in the Guidebook. The MER process will be limited to individuals who opt-out of Cal MediConnect but who still have to enroll in a Medi-Cal managed care. We recognize that the need for the MER is less critical for the dual population since beneficiaries will be receiving their primary treatment through Medicare providers. Nevertheless, beneficiaries should still be aware of this right. We have added the MER process to the Guidebook.²

Problem Solving

Under the Problem Solving section, the Guidebook describes how to file an appeal. However, the appeal process as described in the Guidebook is limited to Medi-Cal appeals only. Under Cal MediConnect, beneficiaries wishing to appeal a decision by a plan will have different options depending on whether the service is a Medicare or Medi-Cal benefit. The Medicare appeal process does not include the right to a State Fair hearing. Instead, beneficiaries will follow the Medicare appeals process in place today. The Problem Solving section should be amended to combine the different appeals processes.

Coded and Tailored Notices

Due to the number and variation of notices, including the "MLTSS notices" directed at beneficiaries not eligible for Cal MediConnect, we encourage DHCS to adopt coding methods to help distinguish notices. That way when a beneficiary calls DHCS, Medicare, HICAP, or a community based organization for assistance, they can identify the notice by the code.

To the extent possible, we believe these notices should be more tailored to the unique situations of the beneficiaries who receive them. For example, a CBAS recipient is already enrolled in a Medi-Cal plan. Being informed that they must join a Medi-Cal managed care plan is confusing since they are already in a plan. A notice specifically tailored for these beneficiaries may include a sentence stating that they are already in a plan and they will remain in that plan (unless they choose to enroll in a Cal MediConnect plan). Likewise, individuals in Medicare Advantage are already enrolled in managed care for their Medicare. Notices to these beneficiaries could include a statement about how these individuals can stay in their Medicare Advantage plan or join Cal MediConnect, which combines their Medicare and Medi-Cal benefits.

HICAP and Consumer Assistance

² We note, but disagree with, DHCS's position that the MER process will not be available to duals.

We are pleased to see the inclusion of the HICAP contact number on all of the notices. We strongly urge DHCS to continue efforts to collaborate with the HICAP offices. Since HICAPs will be the only statewide offices providing any sort of enrollment counseling, they will need robust training on the CCI and support from DHCS. Also, to facilitate verification of coverage and promote comprehensive and accurate counseling, all HICAPs should be granted access to AVS at a minimum and MEDS, where permitted. The capacity of HICAPs will need to increase, especially with their number listed on over 525,000 notices, and therefore, the level of funding HICAPs receive will need to increase. Although HICAPs did receive some additional funding in preparation for the CCI, that funding is not sufficient to provide individual assistance to each beneficiary who receives a notice. It is imperative that DHCS consider how it can support HICAPs. The in-depth beneficiary specific assistance HICAPs provide is necessary for the success of the CCI.

We also recommend that the Health Consumer Alliance be added as a resource to the Guidebook. The Health Consumer Alliance operates in each CCI county and provides consumer assistance on healthcare coverage and services. In addition, we believe that local resources should be added to notices if available. For example, San Diego County has indicated that 2-1-1 is a widely used resource. DHCS should work with all resources listed on the notices to ensure that these organizations are well-trained on the changes taking place.

If DHCS obtains funding for a consumer assistance program, that resource should be included on all notices and in the Guidebook.

Finally, DHCS should ensure that Health Care Options refers beneficiaries to the available resources for assistance. When Health Care Options receives a beneficiary call, it should be informing each beneficiary that additional assistance is available and provide the beneficiary with contact numbers for the appropriate resources.

Federal Approval

To date, California has not received federal approval to move forward with mandatory enrollment of duals into Medi-Cal managed care or the integration of LTSS into the Medi-Cal managed care benefit package. Much of the information contained in these materials is contingent upon CMS's approval of these changes. Notices must be amended if CMS's approval does not mirror the changes outlined in the notices and Guidebook.

Thank you again for the opportunity to comment. We look forward to continuing to work with DHCS on beneficiary materials.

Sincerely,

Disability Rights Education and Defense Fund
National Health Law Program
National Senior Citizens Law Center

Department of Health Care Services



JOHN SAMPLE
ANY ADDRESS
ANY TOWN CA XXXXX

MM/DD/YYYY

Important notice about your Medicare and Medi-Cal benefits

Dear [name]:

You are getting this letter because you have both Medicare and Medi-Cal. **The way you get your health care is changing.**

This is the first letter you will receive telling you about changes. [You will need to make a choice about these changes. You should read this letter and share it with someone who knows about your health care needs.](#) ~~You do not need to do anything at this time.~~ You will get a second letter in one month with more information about your choices. **Then, you must make a choice about enrolling in a health plan or the State of California will choose for you.**

What is the change?

The State of California is going to require you to enroll in a health plan for your Medi-Cal services. A health plan is a group of health care providers that work together to give you the care you need. Enrolling in a health plan:

- Does NOT change your Medicare or Medi-Cal eligibility or cost you extra.
- Does NOT cut any of your of the services or benefits you currently get.
- [You must see providers who work with your health plan, or are "in the network."](#)
- Means you will get help making sure all your doctors, specialists, and other providers work together to get you the care you need.

How does this change affect me?

You will receive more information next month with more details about your health plan choices. **You must make a choice about enrolling in a health plan or the State of California will choose for you.**

Your choices include You have three choices:

1. **Enroll in a Cal MediConnect plan.** These are special health plans that cover [both nearly all](#) Medicare and Medi-Cal benefits plus dental and vision care.

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This means you can call one place for help with all of your health care needs. In a Cal MediConnect plan, you keep all the benefits and services you get today, but you must use doctors and providers who work with this health plan or are “in the network.” You may need plan approval for some services.

Notice E.1: 90-day FYI two-plan & GMC counties

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2. **Enroll in the Program for All-Inclusive Care for the Elderly (PACE).** If you are 55 or older and need a higher level of care to live at home, you may be able to join PACE. PACE provides all Medicare and Medi-Cal benefits plus extra services to help seniors who have chronic conditions live at home. PACE offers the services and benefits you get today, but you must use PACE providers.
3. **Keep your Medicare the way it is now. But, you cannot stay in original Medi-Cal. You can choose to keep your Medicare the way it is now, BUT you still MUST** You must enroll in a Medi-Cal plan to get your Medi-Cal benefits.

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Joining a Medi-Cal plan will not affect your Medicare doctors and hospitals and you will not lose any services. Any extra Medicare costs will be paid by the Medi-Cal plan instead of the State.

Why is the change happening?

The change is happening so your Medicare and Medi-Cal benefits work better together and work better for you.

In a health plan, your doctors, pharmacists, long term care services and supports, and other providers work together to care for you. This is called “care coordination.”

California passed a law in 2010, known as the Coordinated Care Initiative. This law requires that all people with Medi-Cal in 8 counties join a health plan.

What should I do now?

- Consider talking about these choices with someone who knows about your health care needs, like your family or doctors.
- Watch your mail for a packet from Health Care Options in about one month.
- If you want to talk to a health insurance counselor about these changes and your choices call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.**

- If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help understanding this letter, please call:

Health Care Options

1-800-430-4263

TTY: 1-800-430-7077

Monday - Friday, 8 am - 5 pm

Or visit www.HealthCareOptions.dhcs.ca.gov

State of California—Health and Human Services Agency
Department of Health Care Services



JOHN SAMPLE
ANY ADDRESS
ANY TOWN CA XXXXX

MM/DD/YYYY

Important notice about your Medicare and Medi-Cal benefits

Dear [name]:

You are getting this letter because you have both Medicare and Medi-Cal. The way you get your health care is changing.

You **must** make a choice about enrolling in a health plan or the State of California will choose for you.

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Read this letter to understand this change and your choices.

What is the change?

The State of California is going to require you to enroll in a health plan for your Medi-Cal services. A health plan is a group of health care providers that work together to give you the care you need.

If you do not make a health plan choice, the State will enroll you into a Cal MediConnect health plan. These are special health plans for people with both Medicare and Medi-Cal.

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How does this change affect me?

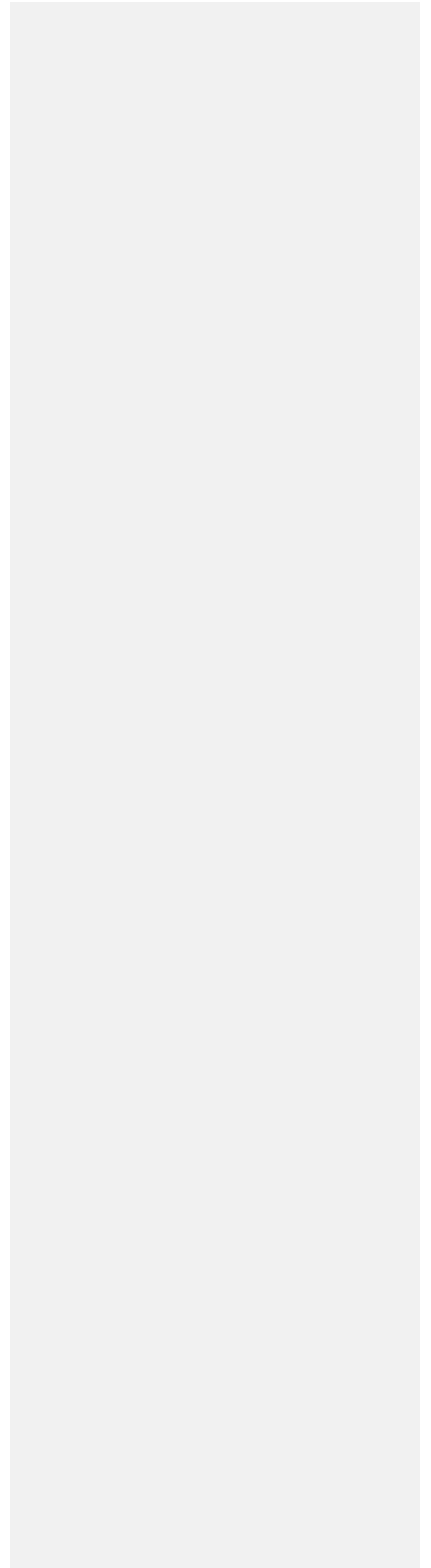
You must enroll in a health plan. Enrolling in a health plan:

- Does NOT change your Medicare or Medi-Cal eligibility or cost you extra.
- Does NOT cut any of **your of** the services or benefits you currently get.
- Means your **plan** doctors, pharmacists, long term care services and supports, and other providers work together to get you the care you need. This is called “care **coordination.**”
- You Means you** must see providers who work **with** your health plan, or are “in the network.” **You may need plan approval for some services.**

Comment [A1]: We believe this bullet should be last after beneficiaries are told they must see providers in the network.

State of California—Health and Human Services Agency

E.2 DEMONSTRATION 60-DAY NOTICE THAT INCLUDES CHOICE PACKET



Your choices include You have three choices:

- 1. **Enrolling in a Cal MediConnect health plan.** These are special health plans that cover both Medicare and Medi-Cal benefits plus dental and vision care. This means you can call one place for help with all of your health care needs.

There is no extra cost to join a Cal MediConnect plan. You keep all the benefits and services you get today, **but you must use doctors and providers who work with this health plan.** You may need plan approval for some services.

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- 2. **Enrolling in the Program for All-Inclusive Care for the Elderly (PACE).** If you are 55 or older and need a higher level of care to live at home, you may be able to join PACE.

PACE provides all Medicare and Medi-Cal benefits plus some extra services to help seniors who have chronic conditions live at home. PACE offers the services and benefits you get today, but you must use PACE providers.

OR

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- 3. **Keeping your Medicare the way it is now. But, you cannot stay in original Medi-Cal.** ~~You must enroll in a Medi-Cal plan to get your Medi-Cal benefits.~~ You can choose to keep your Medicare the way it is now, BUT you still **MUST** enroll in a Medi-Cal plan to get your Medi-Cal benefits.

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Joining a Medi-Cal plan will not affect your Medicare doctors and hospitals and you will not lose any services. Any extra Medicare costs will be paid by the Medi-Cal plan instead of the State.

IMPORTANT: Unless you make a different choice and tell the state, you will be enrolled in the Cal MediConnect plan below on **MM/DD/YYYY:**

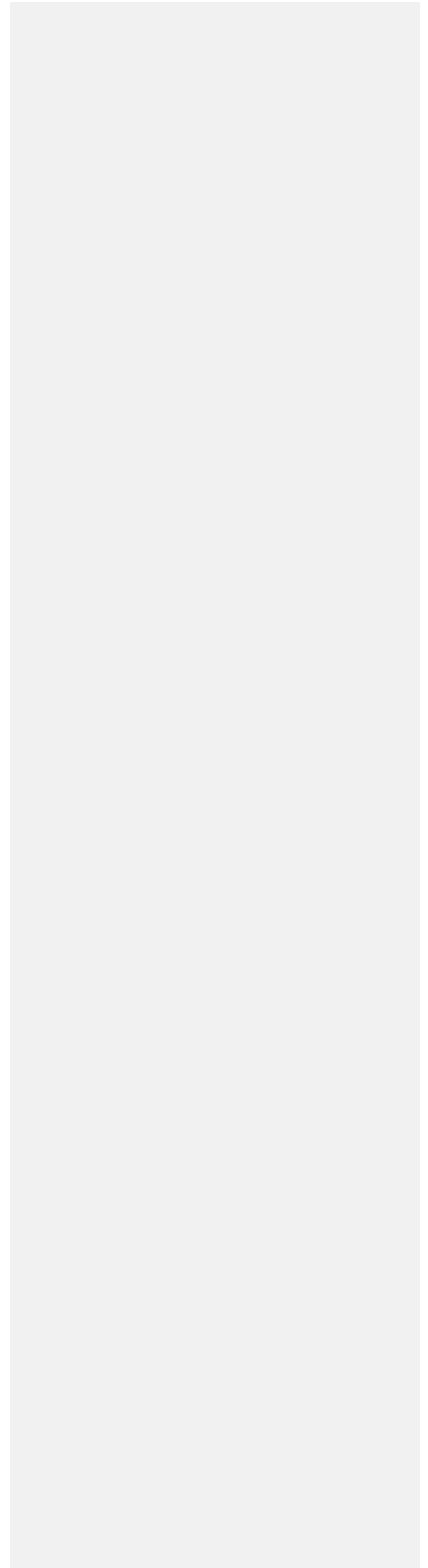
Health Plan Name

Why is this change happening?

The change is happening so your Medicare and Medi-Cal benefits work better

together and work better for you.

California passed a law in 2010, known as the Coordinated Care Initiative, that requires that all people with Medi-Cal in 8 counties join a health plan.



What should I do now?

STEP 1: Review the three choices above and decide which is best for you. Use the Health Plan Guide and Choice Book that came with this letter to help you. Ask your doctors and other health care providers to see which plans they work with.

~~You do not need to do anything to join the Cal MediConnect plan above.~~

STEP 2: Notify Health Care Options about your choice.

→ You don't need to do anything to join **Health Plan Name** for your Medicare and Medi-Cal benefits starting

MM/DD/YYYY.

→ If you don't want to enroll in **Health Plan Name**, you must tell us by

MM/DD/YYYY.

Tell the state your choice by calling Medi-Cal's Health Care Options at the number below OR by filling out and mailing back the Health Plan Choice Form. This form is in your Choice Book that came with this letter.

On the Health Plan Choice Form:

- To choose a different Cal MediConnect plan for your Medicare and Medi-Cal benefits complete #1.
- To keep your Medicare like it is today but choose a plan for your Medi-Cal benefits only, complete #2.
- To choose a PACE plan complete #3.
- Mail the form back using the envelope included.

REMINDER: If you do nothing, you will be enrolled in **Health Plan Name starting **MM/DD/YYYY.****

For help or more information

If you want to talk to a health insurance counselor about these changes and your choices call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.**

If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help understanding this letter, please call:

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Health Care Options

1-800-430-4263

TTY: 1-800-430-7077

Monday - Friday, 8 am - 5 pm

Or visit www.HealthCareOptions.dhcs.ca.gov

DRAFT

Common Questions and Answers

1. What is the difference between Medicare and Medi-Cal?

Medicare and Medi-Cal cover different services for people who are in both programs.

- Medicare** covers medical services like doctors, specialists, hospitals, and prescription drugs. Medicare also covers some medical equipment and home health.
- Medi-Cal** covers any costs that Medicare doesn't pay, like deductibles. Medi-Cal covers long-term services and supports (see below) that Medicare doesn't pay for, and other services such as transportation to medical appointments and a 24-hour nurse advice line for help. Medi-Cal also covers medical equipment and supplies that Medicare doesn't pay for like bandages or diapers.

2. What are the benefits of enrolling in a Cal MediConnect plan?

- You will get all of your Medicare and Medi-Cal benefits in one health plan, including doctors, hospitals, and prescription drugs. You will have one plan membership card and one number to call for help with all your health care needs.
- You can get dental care, vision care, and transportation to medical appointments.
- You can call a 24-hour nurse advice line for help.
- You can get a care coordinator. This person will help you work with your doctors, specialists, and other providers. Your care coordinator will also answer your questions, help you find community services, and make medical appointments, and help you talk with your doctors.
- Your health plan will ask you about your health care needs and work with you to create a personal care plan based on your goals.

3. How can I be sure my care continues after I join a health plan?

Your new health plan is required to make sure your care is not disrupted. Your health plan will contact you after you enroll to learn about your health care needs. They will work with you to make sure you get all the care you need.

If you have a scheduled treatment and are changing health plans, call your new health plan right away. Tell the health plan about your upcoming treatment so they can work with you.

If you see doctors who are not part of the health plan’s network, you can keep seeing that doctor for up to six months if [they your doctors](#) agree to work [with](#) your new health plan:

If you are in a Medi-Cal nursing home, the plan will work with you and your care team so you get the care you need. [If your nursing home is not in your plan's network, you have a right not to change nursing homes for the first 12 months after changing from original Medi-Cal to a Medi-Cal health plan you join a health plan.](#)

[The Guidebook you received with this notice has more information on how to keep seeing your doctors.](#)

4. What if I join a Cal MediConnect plan and don't like it?

At any time, you can disenroll from Cal MediConnect and go back to Original Medicare or a Medicare Advantage plan. To do this, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), or tell your health plan that you want to leave the plan. [BUT you will still have to enroll in a health plan for your Medi-Cal benefits and receive all of your long-term services and supports through your Medi-Cal plan \(see Question 5 below\).](#)

5. What are long term services and supports? How will they work in a health plan?

Long term services and supports are Medi-Cal benefits that help you with ongoing personal care needs. In a health plan, these services and supports will work like they do today.

Your health plan will work with your doctors and long term services and supports providers. If you do not get these services now, your health plan can help you get them in the future if you need them.

- **In-Home Supportive Services (IHSS):** This is personal care services like help with bathing, feeding, dressing, and/or domestic help like shopping, cooking, and housework to help people to live safely in their homes.
 - **If you get IHSS today, [your services will not change.](#)** You do not have to change your IHSS providers and you can still hire, fire, and manage your providers. The county IHSS social worker will still assess your needs and approve your IHSS hours. Your rights to appeal will stay the same. If you want, your health plan can work with you and your IHSS providers to make sure you get the care you need.
- **Community-Based Adult Services (CBAS):** Daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions
 - ~~Your health plan will work with you and your doctor if you need this service.~~ **If you get CBAS today, your services will not change.**
- **Multipurpose Senior Services Program (MSSP):** Social and health care coordination services for people age 65 and older.

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➤ **If you get MSSP**, you will still get this service through your current MSSP providers. Your health plan will work with them to better coordinate your care. If you want care coordination help, you can ask your health plan.

- **Nursing home care:** If you need nursing home care, your health plan will work with you and your doctor to get you nursing home care.
If you are in a nursing home now, the plan will work with your doctor and nursing home to better coordinate your care. If the nursing home you are in now is not in your plan's network, you have the right not to change your nursing home for 12 months. and nursing home to give you the same services that you get now and to better coordinate your care.

6. ~~I don't use any Medi-Cal long term services and supports.~~ Why must I join a health plan for my Medi-Cal benefits no matter what?

The reason for this change is to better coordinate your Medi-Cal services. If you get long term services and supports now, the health plan will help coordinate your services. If you ever need long term services and supports in the future, your health plan will help you. Also, in a health plan you can get transportation to medical appointments and call a 24-hour nurse advice line for help. Medi-Cal health plans will pay any extra Medicare costs that the State pays today, like your deductibles.

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State of California—Health and Human Services Agency
Department of Health Care Services



John Sample:
Any Address:
Any Town, CA #####

Date: MM/DD/YYYY

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Important notice about your Medicare and Medi-Cal benefits

Dear [name],

The way you get your Medicare and Medi-Cal services is changing. You **must** make a choice about enrolling in a health plan or the State of California will choose for you.

Last month, you got a letter and information packet telling you about these changes. This packet included a Health Plan Guide, Choice Book with a Choice form, and Health Plan Provider Directories.

Unless you make a different choice, you will be enrolled in the Cal MediConnect health plan below on MM/DD/YYYY:

NAME OF PLAN

This is a **Cal MediConnect** health plan. Cal MediConnect plans are special health plans that cover all of your Medicare and Medi-Cal services. You must get your care through doctors and providers who work with this health plan.

After you join, the plan will send you more information and a health plan membership card. At any time, you can disenroll from Cal MediConnect and go back to Original Medicare or a Medicare Advantage plan. To do this, call Health Care Options at **1-800-430-4263 (TTY: 1-800-430-7077)**.

You have other choices:

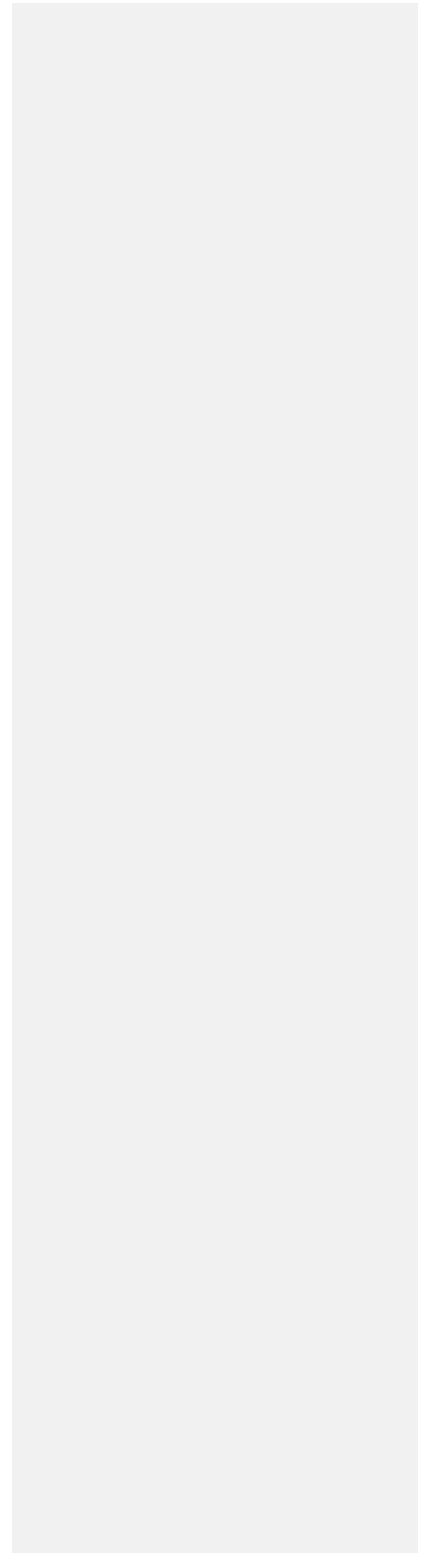
1. You can choose a different Cal MediConnect plan,
2. You can enroll in the Program for All Inclusive Care for the Elderly (PACE),
3. You can keep your Medicare like it is today and only join a Medi-Cal plan.

Look in the materials you received last month to learn more about these choices. If you want to choose a one of these other options or need new materials, **call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077)**. Or you can fill out, sign, and return the Health Plan Choice Form.

Reminder: You must tell Health Care Options about your choice by **MM/DD/YYYY**.

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Notice E: 30-day notice to default Demo, two-plan & GMC counties



For help or more information

If you want to talk to a health insurance counselor about these changes and your choices call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222**.

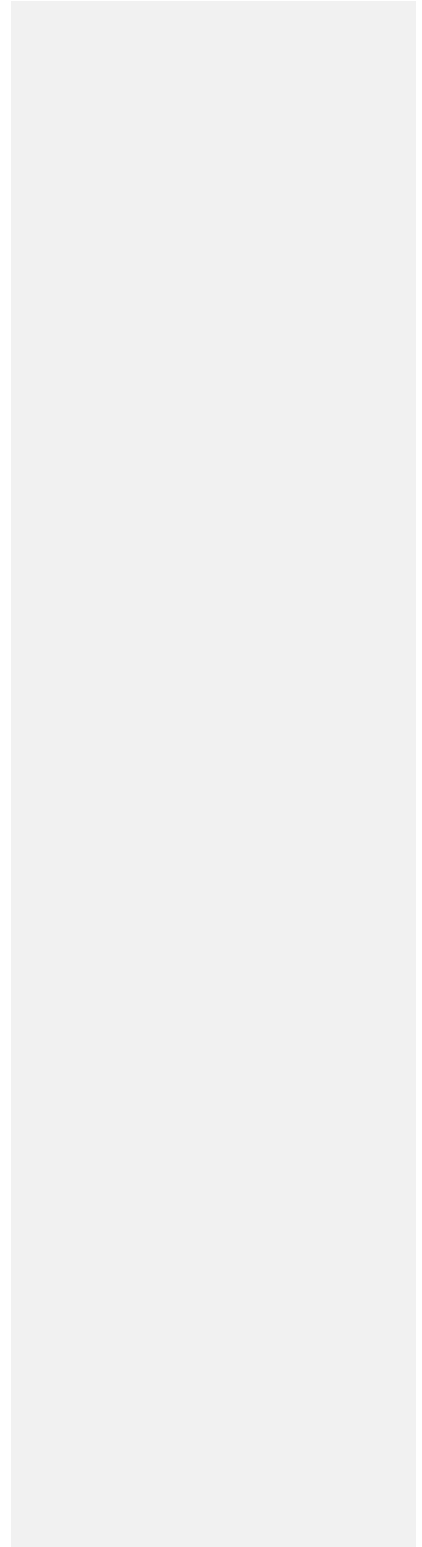
If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help understanding this letter, please call:

Health Care Options

1-800-430-4263

TTY: 1-800-430-7077

Monday - Friday, 8 am - 5 pm





State of California – Health and Human Services Agency
Department of Health Care Services



Health Plan Guidebook

Medicare and Medi-Cal



Health Care Options Phone Numbers

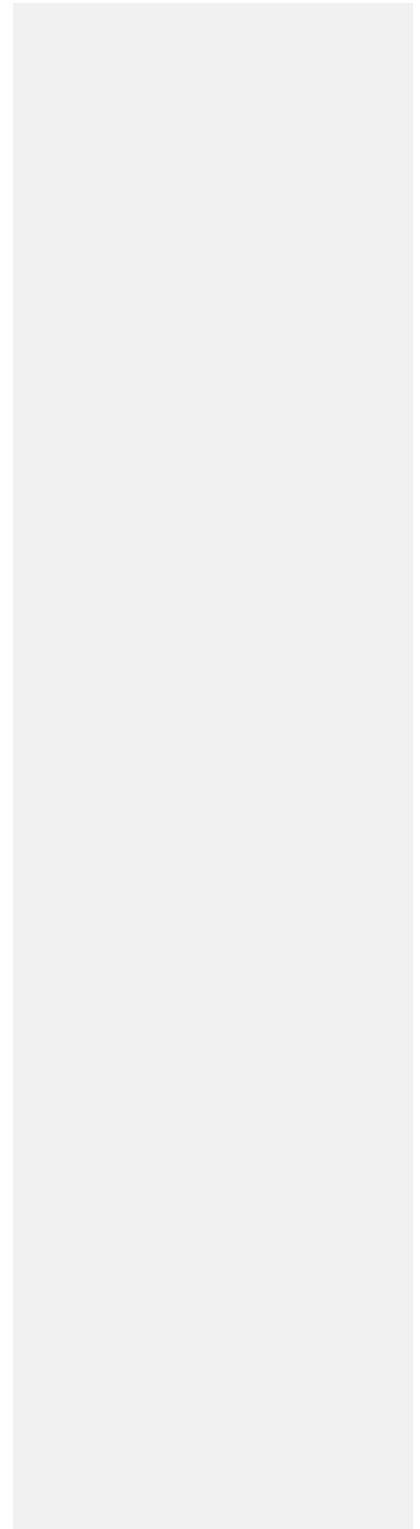
[If you need this guidebook in an alternate format, like large print or audio call Health Care Options at 1-800-430-4263 \(TTY: 1-800-430-7077\)](#)

Comment [A1]: This should be here and on p.3

English		1-800-430-4263	Korean	한국어	1-800-576-6883
Arabic	اللغة العربية	1-800-576-6881	Mandarin	國語	1-800-576-6885
Armenian	Հայերեն	1-800-840-5032	Russian	Русский	1-800-430-7007
Cambodian	ភាសាខ្មែរ	1-800-430-5005	Spanish	Español	1-800-430-3003
Cantonese	粵語	1-800-430-6006	Tagalog	Tagalog	1-800-576-6890
Farsi	فارسی	1-800-840-5034	Vietnamese	Tiếng Việt	1-800-430-8008
Hmong	Hmoob	1-800-430-2022	Other Languages		1-800-430-4263

TDD/TTY 1-800-430-7077

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Cal MediConnect Health Plans

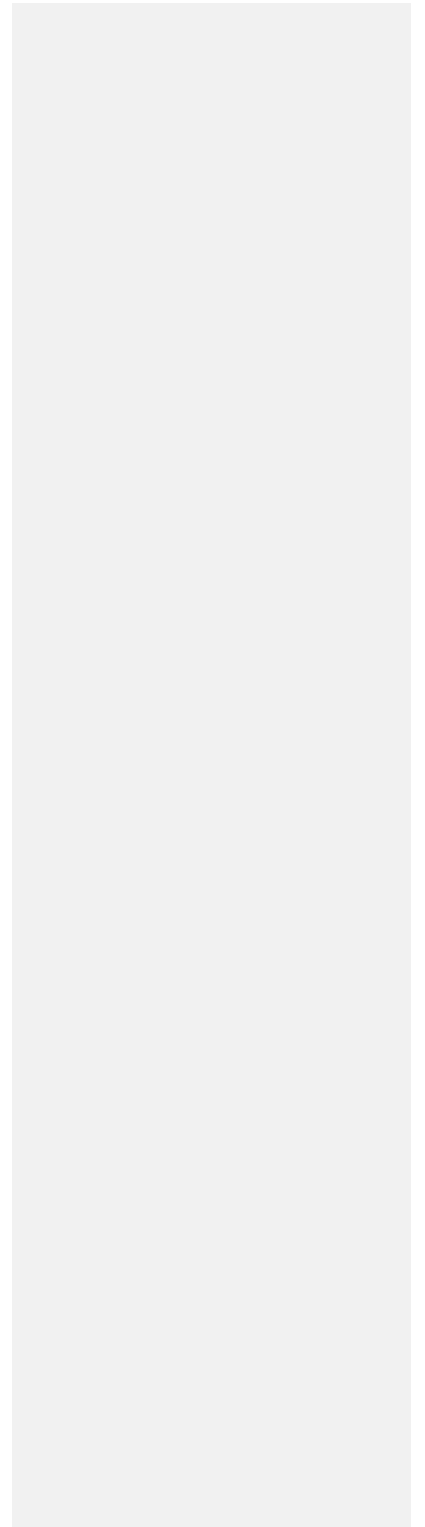
These plans cover both Medicare and Medi-Cal benefits.

Alameda County	<input type="checkbox"/> Alliance CompleteCare 1-877-371-2222 (TTY: 1-510-747-4501) <i>Website URL TBD</i>
	<input type="checkbox"/> Anthem Blue Cross 1-888-350-3532 (TTY: 711) <i>Website URL TBD</i>
Santa Clara County	<input type="checkbox"/> Santa Clara Family Health Plan 1-800-260-2055 (TTY: 1-800-735-2929) <i>Website URL TBD</i>
	<input type="checkbox"/> Anthem Blue Cross 1-888-350-3532 (TTY: 711) <i>Website URL TBD</i>
Los Angeles County	<input type="checkbox"/> Health Net 1-888-788-5395 (TTY: 1-888-788-6383) <i>Website URL TBD</i>
	L.A. Care 1-888-522-1298 (TTY: 1-888-212-4460) <i>Website URL TBD</i>
	CareMore 1-888-350-3447 (TTY: 711) <i>Website URL TBD</i>
	Care 1st Health Plan 1-888-592-7168 (TTY: 1-888-592-7168) <i>Website URL TBD</i>
	Kaiser 1-800-464-4000 (TTY: 1-800-777-1370) <i>Website URL TBD</i>
Riverside & San Bernardino Counties	<input type="checkbox"/> Inland Empire Health Plan (IEHP DualChoice Medicare-Medi-Cal) 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) <i>Website URL TBD</i>
	<input type="checkbox"/> Molina Dual Options 1-855-665-4627 (TTY: 1-800-479-3310; CRS: 711) <i>Website URL TBD</i>
San Diego County	<input type="checkbox"/> Care 1st Health Plan 1-800-905-3825 (TTY: 1-800-735-2929) <i>Website URL TBD</i>
	<input type="checkbox"/> Community Health Group CommuniCare Advantage 1-800-224-7766 (TTY: 1-800-735-2929) <i>Website URL TBD</i>
	Health Net 1-888-788-5395 (TTY: 1-888-788-6383) <i>Website URL TBD</i>
	<input type="checkbox"/> Molina Dual Options 1-855-665-4627 (TTY: 1-800-479-3310; CRS: 711)

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Welcome

People with both Medicare and Medi-Cal in the following counties have new choices about how to get their health care services through a single health plan. If you live in one of the counties below, soon you will have to make a choice about joining a health plan. California is making this change so people's benefits and services work better together.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> San Bernardino |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Riverside | <input type="checkbox"/> Santa Clara |

Choosing a health plan is important. This guidebook will help you understand what a health plan is, what benefits are available in different types of health plans, and how you can work with your health plan after you join.

Use this guidebook to help you decide which type of health plan is best for you. The last page of this guidebook has a list of organizations and phone numbers you can call for more information.

Table of Contents

Section 1: My health plan choices (pages 5-10)

- Cal MediConnect health plans (Medicare + Medi-Cal)
- Program for All-Inclusive Care for the Elderly (PACE) plans for frail seniors
- [Medi-Cal plans for long term care services and supports-Medi-Cal benefits](#)

Section 2: How to choose a health plan (pages 11-12)

- Pick the type of plan you want
- Find out the plans in your area
- Fill out the provider worksheet
- Enroll in the plan

Section 3: After you join a plan (pages 13 - 16)

- [How to keep seeing your doctor and providers](#)

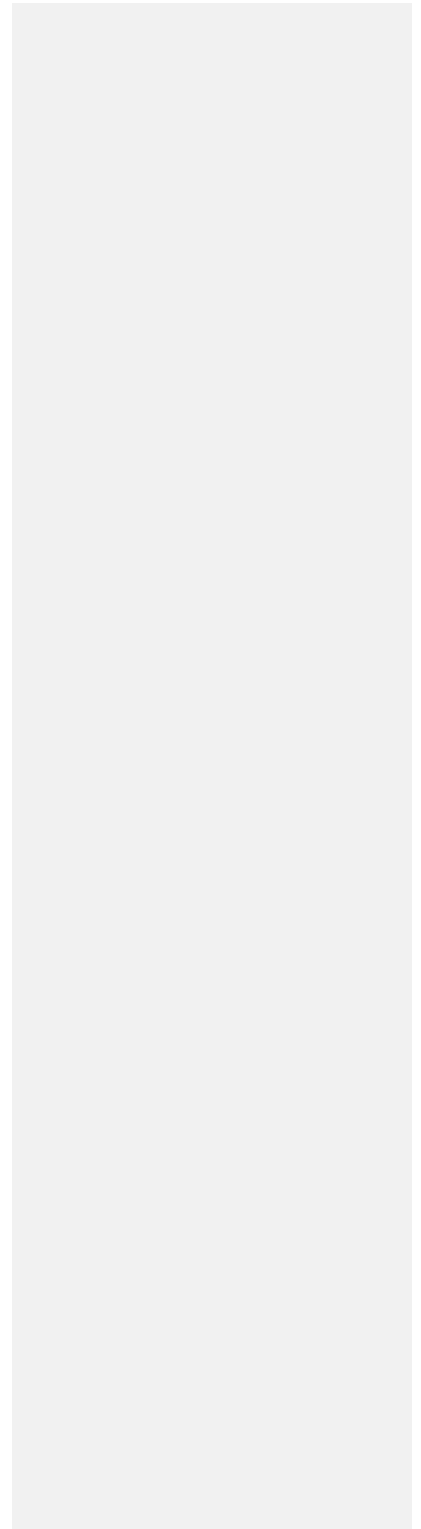
Your rights and responsibilities in a plan

- Problem solving with the plan
- Definitions

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☐ Phone numbers for more help and information

If you need this guidebook in an **alternate format**, like large print or audio call **Health Care Options** at 1-800-430-4263 (TTY: 1-800-430-7077)

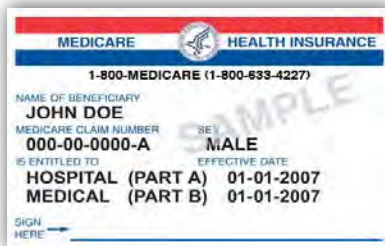


How do I know what kind of coverage I have?

You can tell what your coverage is by the type of cards you have.

Comment [A2]: Many beneficiaries are already enrolled in a Medicare Advantage Plan and/or Medi-Cal managed care. These should be mentioned here.

Your Medicare card (below) is your main card for doctors, hospitals, pharmacies, and other medical benefits.



For questions about Medicare coverage, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

Your Medi-Cal card (below) is your main card for long-term care benefits like In-Home Supportive Services and nursing home care. Medi-Cal pays your Medicare deductibles and 20% cost sharing.



For questions about Medi-Cal eligibility, call your county social services office.

What is a Health Plan?

A health plan is a group of health care providers that work together to give you care. This group may include doctors, hospitals, specialists, pharmacies, and long term services and supports providers.

Sometimes a health plan is called a “managed care organization.”

Each health plan has its own group of providers. This group is the plan’s “network of providers.” After you join a plan, you must get your services from the plan’s network of providers. Your health plan works with all your providers so get you the care you need. [You may need plan approval for some services.](#)

Reasons for joining a health plan:

- I want help finding doctors, specialists, and other providers.
- I want help getting interpreters and information in my language.
- I want help finding care that is accessible to me.
- I want help if I need to file a complaint or an appeal.
- I want help coordinating my care.

Comment [A3]: What does this mean? Physical accessibility? Or just generic assistance?

Comment [A4]: How is this an advantage of being in a managed care plan?

Section 1: Types of Health Plans

People with **both** Medicare and Medi-Cal have new choices about how to get their health care services. This section explains those choices.



Cal MediConnect Plans– Cover both your Medicare and Medi-Cal benefits together in one health plan. You have one card for all your benefits.



Program for All-Inclusive Care for the Elderly (PACE) Plans – Cover Medicare and Medi-Cal benefits together for people age 55 and older who need a higher level of care to live at home.



Medi-Cal Plans – Cover only Medi-Cal benefits, such as long term services and supports, medical equipment and transportation. Medicare benefits stay separate.

Questions and Answers

1. Do I have to join a health plan?

Yes. The Medi-Cal program now requires that you get your Medi-Cal benefits through a health plan. You have three types of health plans to choose from. They are described in this guidebook. You will get a notice in the mail that tells you when this change is happening.

2. My Medicare and Medi-Cal is confusing. I want one organization to help me coordinate all my services. Do any plans do that?

Yes. Cal MediConnect or PACE plans may be a good fit for you. They combine all the benefits into one health plan so you only have one card and one phone number to call for help. Read about them [in Section 1 on page ____](#).

3. ~~I want to keep my Medicare like it is today and “opt out” of Cal MediConnect. Do I still have to join a Medi-Cal health plan I want to keep seeing my current Medicare doctors and providers. Do I still have to join a Medi-Cal plan?~~

Yes. If you ~~don't decide not to~~ join a Cal MediConnect or PACE plan, you still have to join a Medi-Cal Plan for your Medi-Cal benefits. ~~If you ever do need long-term care services, the health plan can help you get the care you need. If you don't use these services now, your health care won't change.~~

4. When I join a health plan, will I still get to see my same doctors and providers?

Under a health plan, you have to see the doctors and providers in your health plan's network. If your doctor or provider is not in the network, you may still get to see your doctors and providers. See page [INSERT PAGE] for

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Comment [A5]: We believe continuity of care should be addressed here since it is the major question a beneficiary will have.

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[more information.](#)

45. If I still have questions, how can I get help?

The last page of this guidebook has a list of resources and phone numbers that provide extra help. Go to [\[website URL\]](#) to learn about education events in your community.

Cal MediConnect Health Plans

“I ~~like~~ want to get ~~getting~~ all my care from one Plan. It’s why I chose Cal MediConnect. With Cal MediConnect, ~~t~~. My my Plan manages both my Medicare and my Medi-Cal services. My doctors, hospital, long-term care are all in the same Plan. I call just one phone number for help.”



Comment [A6]: The way it was worded felt more promotional than informational.

Who can join?

In a Cal MediConnect plan:

- You get all of your Medicare and Medi-Cal benefits in one health plan.
- You don’t pay extra to join.
- You have one health plan card and one number to call for answers to questions about all your benefits.
- You must get all your covered benefits from providers who work with your health plan. These are “in-network” providers.
- Your main doctor (called a “primary care provider”) helps you get care from specialists, and get medicine, medical equipment and other health care services. Some services must be approved by your plan first.
- You may work with a care coordinator. This person ~~will~~ can work with you, with the health plan, and with your care providers to make sure you get the care you need.
- You will be able to direct your own care with the amount of help you want from your care team and care coordinator.
- You may have a care team that you help put

together. Your care team may

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Comment [A7]: this bullet should go last since care team is defined in the next bullet.

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Most people with full Medicare and Medi-Cal benefits can join. “Full benefits” means your Medicare card says “Entitled to Hospital (Part A) and Medical (Part B)” and you have a Medi-Cal card.

Who can't join?

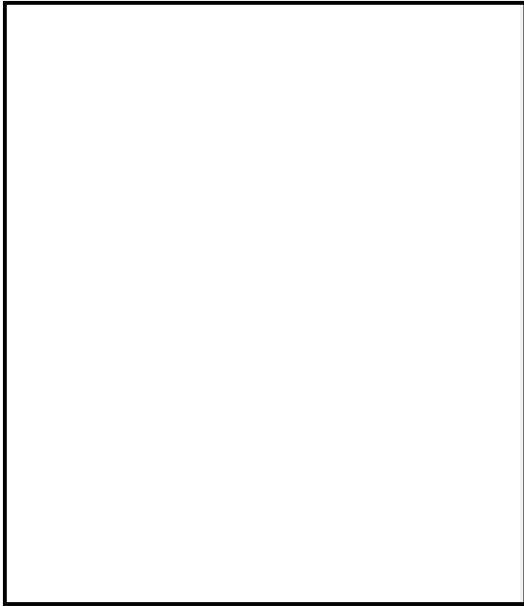
You can't join Cal MediConnect if you:

- Are younger than 21
- Have retirement, veteran's or other private health coverage
- Receive developmental disability Waiver include doctors, nurses, counselors, or other health providers who help you get the care you need.

Services

- Receive Nursing Facility, Acute Hospital or Assisted Living waiver services
- Do not meet your Medi-Cal share of cost, if you have one
- Live in a veterans' home
- Have End-Stage Renal Disease (ESRD) (except in certain cases)
- Live in certain rural zip codes (Los Angeles County – 90704; Riverside County – 92225, 92226, 92239, 92280; San Bernardino County – 92242, 92267, 92280, 92319 92323, 92332, 92363, 92364, 92366, 93528, 93554, 93562, 93592.)

Comment [A8]: People who receive this notice and fall into this category, should not have received this notice. There should be language added that if they believe they fall into one these categories, they should call HCO since this notice does not apply. We believe that instead of here, at the beginning of the Guidebook, there should be a section that states if you receive this Guidebook and you fall into one of these categories, contact HCO (or HICAP or one of the local numbers).



Cal MediConnect Plan Benefits

Medical services - you get the same benefits you get now under Medicare and Medi-Cal including:

- Prescription drugs
- Preventive care, like vaccines and check-ups
- Doctor and specialist visits
- Hospital care and surgeries
- Medical tests, like MRIs and X-rays, and screening tests like labs
- Emergency and urgent care
- Procedures, like biopsies or colonoscopies
- Physical, occupational, and speech therapy
- Home health care

Long term services and supports (see below)

- Equipment, like walkers or wheelchairs and medical supplies like bandages and diapers

Special benefits

- Dental care
- Vision care

- Non-emergency medical transportation

Long term care services and supports

- In-Home Supportive Services (IHSS)** program personal care and other services for people who need help to live safely at home.

How can I find out exactly what benefits are offered by each health plan?

You can call the health plans to ask about their specific benefits and services. The inside front cover has a list of Cal MediConnect plans and phone numbers in each county.

Can I still go to my regular doctor(s) if I join a Cal MediConnect plan?

You will have to see doctors and use providers who are part of your health plan's network. You will get a list of the health plans' providers in the mail. You can ask your doctors if they work with the health plans in your area. [In some cases, you may be able to continue seeing your current doctors for up to six months. See page \[INSERT\] for more information.](#)

What if I join a health plan and don't like it?

At any time, you can disenroll from Cal MediConnect and go back to Original Medicare. Or you change health plans any month. To do this, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), or tell your health plan that you want to leave the plan. [BUT you will still have to choose a health plan for your Medi-Cal benefits.](#)

→ **If you get IHSS now,** your services will not change in Cal MediConnect. You keep your IHSS providers and can still hire, fire, and

Comment [A9]: We believe a question similar to this one addressing whether people will be able to continue getting their same prescription drugs.

Comment [A10]: Offset this in a box to highlight that you are defining LTSS.

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manage them. The county IHSS social worker will still assess your needs and approve your IHSS hours. Your

rights to appeal stay the same. Your health plan can work with you and your IHSS providers to help you get the care you need.

- ~~Daytime health care at~~ **Community Based Adult Services (CBAS)** centers provides nursing, therapy, activities, and meals for people with certain chronic health conditions.
- **Care coordination** helps you work with your doctors, specialists, and other providers. It also helps you get needed equipment and services. People age 65 and older can ask for care coordination help through the **Multipurpose Senior Services Program (MSSP)**.
- **Nursing home care.** Your plan will work with your doctor and nursing home to better coordinate your care. If you are in a nursing home now, you have a right not to change your nursing home for 12 months. Ask your plan for more information.

Comment [A11]: Better to simply define these benefits as they were defined in FAQ of the notices.



Program for All Inclusive Care for the Elderly – PACE

“I joined a PACE plan because it helps me get all the care and services I need. I go to the PACE center to see my doctors, get my therapies, and enjoy activities and lunch with other seniors. I also can get services at home and rides to all my medical appointments.”



PACE benefits

PACE plans cover nearly all Medicare and Medicaid benefits plus any service your care team decides you need.

In a PACE plan, you work with a team of health care providers to get your care. Sometimes your care team may bring services to you at home. You also can go to PACE centers during the day to see a doctor, get nursing care and therapy services, eat meals and join activities.

Medical services

- Doctor and specialist visits
- Hospital care and surgeries
- Medical tests, like MRIs and X-rays, and screening tests like labs
- Emergency and urgent care
- Procedures, like biopsies or colonoscopies
- Prescription drugs
- Preventive care, like vaccines and check-ups
- Physical, occupational, and speech therapy
- Home health care
- Equipment, like walkers or wheelchairs and medical supplies like bandages and diapers

[Long term services and supports](#)

Long term care services and supports

- Home Care – help with personal care and light housekeeping. (This is similar but not the same as IHSS. You cannot get IHSS if you are in a PACE plan.)
- Meals –prepared meals delivered to your home and lunch at PACE centers
- Nutritional Counseling
- Social Services – counseling, family support, help with benefits

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Who can join?

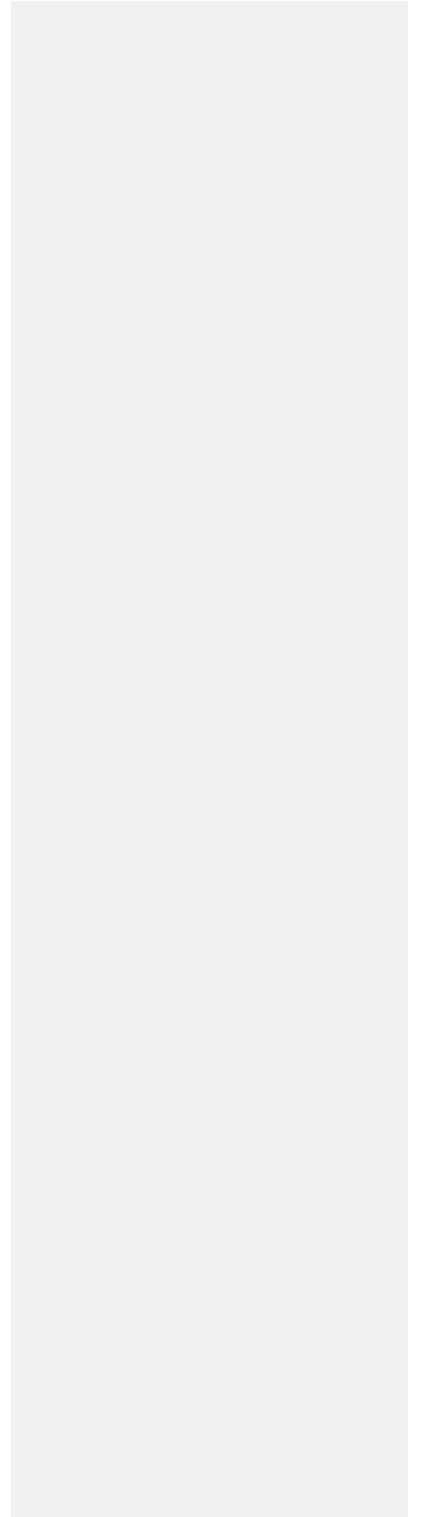
To join PACE, all of these things must be true:

- You’re 55 or older
- You can live in your home or community setting safely
- You need a high level of care for a disability or chronic condition
- You live in a ZIP code served by a PACE health plan

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- Transportation to and from the PACE Centers and medical appointments





Medi-Cal Plans

“I wanted to keep my Medicare services like they are now. That’s why I joined a health plan that focuses only on my Medi-Cal ~~long term care services and supports~~.benefits.



It’s separate from Medicare. So when I see my primary care doctor or need any Medicare services, I still use my Medicare card. But this Medi-Cal Plan pays my extra Medicare costs and other benefits not covered by Medicare.”

Medi-Cal ~~Long Term Services and Supports~~ Plan benefits

Medi-Cal will cover certain costs and services that Medicare does not pay for.

If you need any the services below, you can ask the health plan for help.

Long-term Services and Supports

The **In-Home Supportive Services (IHSS)** program provides personal care and other services for people who need help to live safely at home.

- If you get IHSS, your services will not change when you are in a health plan. You will keep your IHSS providers and can still hire, fire, and manage them. The county IHSS social worker will still assess your needs and approve your IHSS hours. Your rights to appeal stay the same.
- If you want, your health plan can work with you and your IHSS providers to make sure you get the care you need.

~~Daytime health care~~ at **Community Based Adult Services (CBAS)** ~~centers~~ provides nursing, therapy, activities, and meals for people with certain chronic health conditions.

- Your health plan will work with you and your doctor if you need this service.

Care coordination helps you work with your doctors specialists, and other providers. It also helps you get needed equipment and services. People age 65 and older might get help with care coordination through the **Multipurpose Senior Services Program (MSSP)**.

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Comment [A12]: Again, the definitions of LTSS should mirror the definitions in notices.

→ Your health plan will work with you if you need and want care coordination help.

Nursing home care is long term care provided in a facility.

→ Your health plan will work with you and your doctor if you need this service.

[If you are in a nursing home now, you have the right not to change your nursing for at least 12 months. Ask your plan for more information.](#)

Medical equipment and supplies like wheelchairs or diapers.

→ Your plan will work with you if you need these services

Extra Medicare costs – The plan pays these costs like the State does today.

I don't use Medi-Cal long-term care services. Why must I join a plan?

Medi-Cal health plans will pay any extra Medicare costs that the state pays today, like your deductibles. Also, the Medi-Cal plans provide medical equipment, transportation and a 24-hour nurse advice line. The health plan will be able to help you if you ever do need long term care services and supports:

[I am in a Medi-Cal nursing home, can I stay in my nursing home with a Medi-Cal Plan?](#)

Can I still go to my regular doctor(s) if I join a Medi-Cal long-term care plan?

Yes. Enrolling in a Medi-Cal Long Term Care Plan does not change your Medicare benefits. You can still go to your Medicare doctors, hospitals, and providers.

Comment [A13]: Add a FAQ regarding nursing home care. Should state that if the nursing home is in the network, then yes. If no, right to stay in nursing home for twelve months.

REMINDER: If you don't join or "opt out" of a Cal MediConnect or PACE plan, you MUST join a Medi-Cal **long-term care plan**. **Sometimes this is called "opting out."**

Exceptions: People who do not have to join-stay in a Medi-Cal health plan

People with retirement, veteran's or other private health coverage, and people who live in a veteran's home do not have to join a health plan.

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Comment [A14]: Add this to the front of the booklet - if you received this Guidebook and you: "live in a veteran's home" etc., contact HCO.

Medical Exemption Request - people with certain medical conditions, such as pregnancy or cancer, may submit a Medical Exemption Request (MER) form to not join a Medi-Cal health plan. If approved by the State, you will stay in traditional Medi-Cal for up to 12 months.

People with HIV/AIDS may disenroll from the Medi-Cal health plan and go back to original Medi-Cal at any time. Ask for a "Medical Exemption Request (MER)" form to disenroll. Work with your doctor to get and fill out this form.

Native Americans may disenroll from the Medi-Cal health plan and go back to traditional Medi-Cal at any time. Ask for a "Non-Medical Exemption Request" form to disenroll.

People younger than 21 must enroll in a Medi-Cal health plan for most Medi-Cal benefits. But if you are under 21, you do not have to get your long term care services and supports from a health plan.

Getting accessible care

You can call your health plan for information about

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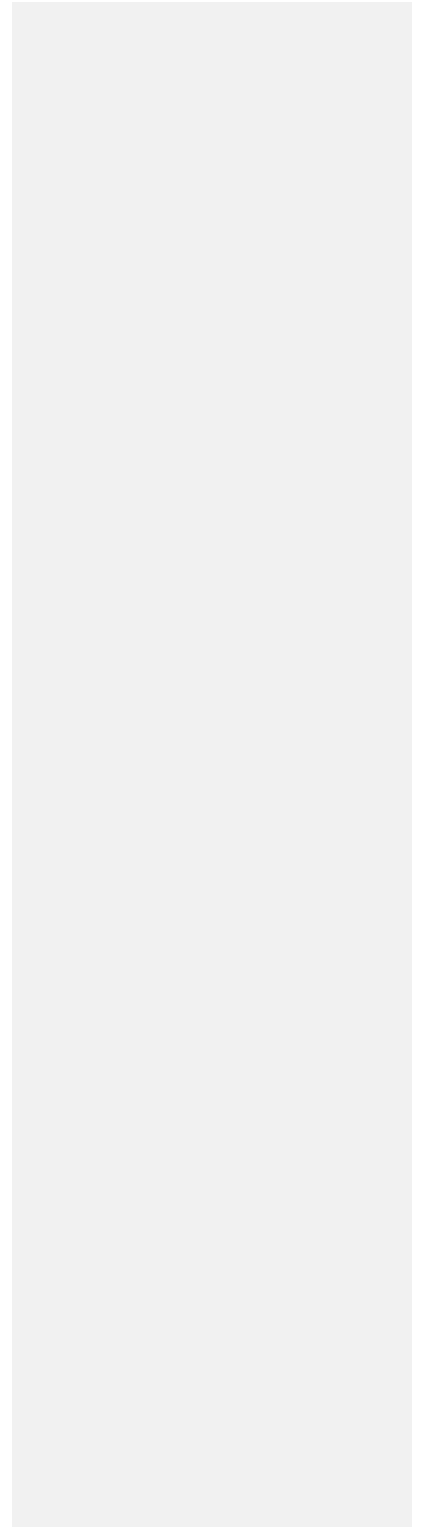


providers that meet your accessibility needs. These include:

- Specially designed exam rooms, tables and weight scales
- Accessible parking
- Curbs and other ramps
- Doors that open wide for a wheelchair or scooter
- Accessible communication

Common accessibility symbols and codes found in provider directories:

- Parking = P
- Exterior Building = EB
- Interior Building = IB
- Exam Room = E
- Restroom = R
- Exam Table/Scale = T



Section 2: How to Choose A Health Plan

Step 1 – Choose the type of health plan that is a good fit for you



Do you want to get your Medicare and Medi-Cal benefits together in one health plan? A **Cal MediConnect health plan may be good for you.**



Are you age 55 or older, need a high level of care to live at home, and want to get your Medicare and Medi-Cal benefits together in one plan?

A PACE plan may be good for you.



Do you want to keep your Medicare separate and join a health plan just for your Medi-Cal ~~long-term care~~ benefits? [Opt-out of Cal MediConnect and just choose a Medi-Cal health plan.](#) **may be good for you.**

Step 2 – Find what services the health plans offer in your county

The inside front and back covers of this guidebook list the health plans in each county.

You can call the plans to ask questions about their benefits and services. Also, each plan has a page in your “Health Plan Choices” book listing its benefits and services. Or you can call **Health Care Options** and ask for help at 1-800-430-4263 (TTY: 1-800-430-7077).

Step 3 – Make a list of your main doctors, providers, and care needs

Do you have a doctor or other provider you [likewant to keep seeing?](#)

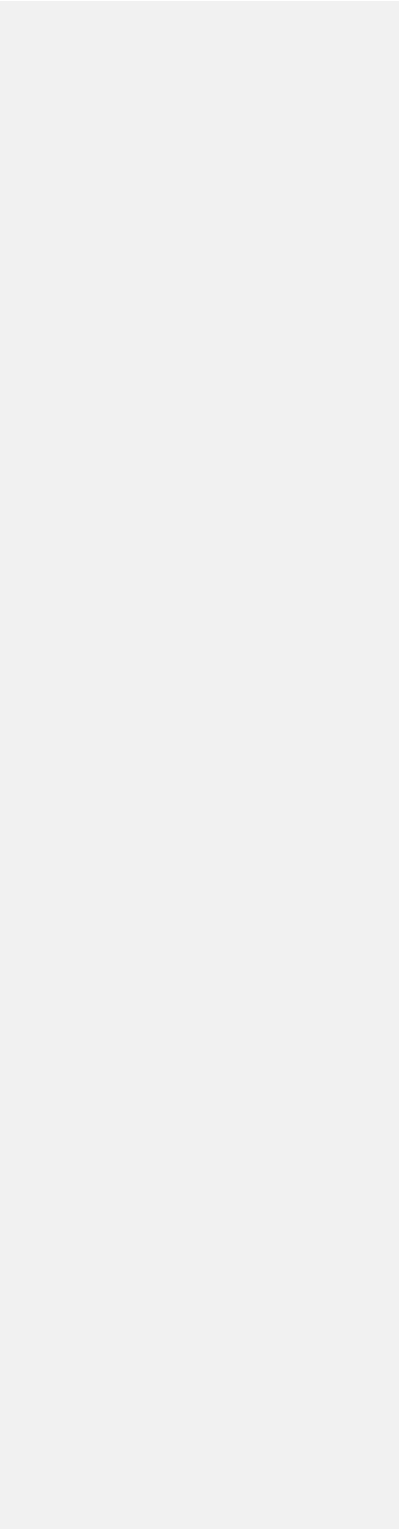
Ask your doctors if they work with any of the health plans in your county. You can also look in the health plan “provider directories” to see if your doctors or providers are listed.

[If your doctor is not in your plan's network, you may have the right to continue seeing your provider for at least six months. See page 14 for more information.](#)

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Create a list of your providers and care needs using the boxes below. Use this list when you call the health plans to learn more about their services. Ask the health plans if they work with your providers and cover your prescription drugs [and other treatments](#).

Your doctors	Your pharmacies and prescription drugs
---------------------	---



Your hospitals	Long-Term Care Services and Supports
Your medical equipment and supplies	Other important services

Step 4 – Make a health plan choice

You will get notices in the mail telling you when it’s time to choose a health plan. But you don’t have to wait until you get the notices. You can enroll at any time.



Call toll free

Call **Health Care Options at 1-800-430-4263 (TTY1-800-430-7077)**, Monday to Friday, 8:00am to 5:00 pm. You will get help signing-up for a health plan.



Go in person

Find an enrollment specialist near you by using one of these tools:

- Look in your “Health Plan Choices” booklet for the page listing local presentations. Or get a schedule by calling **Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077)**.
- Visit www.healthcareoptions.dhcs.ca.gov and click on the “Presentation Sites” option.



Mail in your choice form

- Complete the **Health Plan Choice Form** in your “Health Plan Choices” booklet and mail it back in the postage paid envelope provided.

Section 3: After you join a plan

After you enroll, your health plan will send you a member handbook and a health plan membership card. The handbook has a lot of information about your benefits and how to work with your new health plan.

Continuing your care

Your new health plan is required to make sure your care continues and is not disrupted.

Your health plan will work with you and your doctors to make sure you get all the care you need.

If you have a scheduled treatment and just joined a new health plan, call your new health plan right away. Tell the health plan about your treatment so they can work with you.

Continuing care with your doctors

You must get all your covered services from providers who work with your health plan. These are “in-network” providers.

If your doctors are not in the network, you may be able to keep seeing your current doctors for up to six months. This includes specialists. See box at right for steps.

If you're in a Medi-Cal nursing home, your health plan will work with you and your care team so you get the care you need. If your nursing home is not in your health plan's network, you have a right **not** to change stay in your nursing homes for at least the first 12 months. Also, you can ask your health plan about getting help to return to the community.

Steps to continue your care

If you see a doctor who is not part of the health plan's network, you may be able to see that doctor for **u** up to six months. Your doctor must agree to work with your health plan.

1. Tell your doctor or provider that you joined a health plan. You can ask them about joining the health plan's network.
2. Call your health plan and tell them about your scheduled care. Ask if your doctor is in their network.
3. If your doctor or provider is “out-of-network,” tell the plan you want to keep seeing the doctor.
4. The plan must contact your doctor and allow you to keep seeing that doctor for up to six months, if the doctor agrees.

Comment [A15]: Add continuity of care for prescription drug rights - or how to learn more about them.

NOTE: Continuity of care rights apply only to doctors, including specialists, and nursing homes. You will have to get other non-doctor services through the health plan's network.

This includes providers, like suppliers [and fitters](#) of medical equipment, medical supplies, and transportation.

Your rights & responsibilities

As a health plan member, you have certain rights. These include the right to:

- Get timely access to services for a health problem or disability
- Be [given information about](#) ~~told~~ where, when, and how to get needed services
- Take part in decisions about your care, including the right to refuse treatment
- Privacy about your medical records and treatment
- Get a copy of your medical records [in a format you can read](#)
- Hire, fire, and manage your IHSS provider
- Be treated with respect and dignity

As a health plan member, you have certain responsibilities. You should always:

- Use providers who work with the health plan to get covered services
- Work with your primary care provider to get approval for needed services
- Tell the health plan about your care needs and concerns [and existing services or appointments.](#)

Problem Solving

If you have a problem with your services, try to talk to your doctor and your health plan. If you're [problem](#) still [is](#) not [happyfixed](#), here are more steps.

File an appeal

If your health plan denies, reduces, or ends services you think you should have, you can appeal. The health plan will take another look at your service needs and will send you a letter with a decision. If you think your problem is urgent, ask for an "expedited (fast) appeal." [When you ask for an appeal, you should ask for "aid paid pending" to keep getting the services.](#)

File a grievance

A grievance is a way of filing a complaint. If [you're not happy you have a concern](#) with your services or with someone from the health plan, you can file a grievance. You or someone on your behalf can file a grievance in

Extra Help

If you are not happy with your Plan's response, you can call the **Medi-Cal Managed Care Ombudsman** for free at 1-888-452-8609.

You can also call the **HMO Help Center** at 1-888-466-2219. They can help you file a complaint or ask for an **Independent Medical Review.**

writing, over the phone, or in person. Your health plan will work with you to resolve the problem.

Ask for a State Fair Hearing:

For Medi-Cal benefits, if you're still not happy with your health plan's response, for Medi-Cal benefits, you can also ask for a Fair Hearing if the health plan denies, reduces, or ends services you think you should have. When you ask for a Fair Hearing, the Medi-Cal Program will listen to your case and make a decision. To ask for a **Medi-Cal State Fair Hearing**, call **1-800-952-5253**.

For Medicare benefits, you can request an appeal with the Medicare Independent Medical Review Entity (IRE).

Definitions

- **Appeal:** A request for a review of a health plan decision about coverage or payment.
- **Fair Hearing:** An official meeting with a judge about a Medi-Cal appeal or grievance. You must ask for a fair hearing within 90 days of the date that your Medi-Cal benefits were denied, reduced, or stopped.
- **Grievance:** A way to write or tell the health plan about your unhappiness with your provider or medical care service.
- **Medi-Cal:** This is what the Medicaid program is called in California.
- **Cal MediConnect:** Health plans for people with both Medicare and Medi-Cal. They cover all basic Medi-Cal benefits and Medicare benefits.
- **Choice Form:** The form you fill out to choose or change your health plan.
- **Health Plan:** A group of doctors, specialists, clinics, pharmacies, hospitals, and long term care services and supports that provide health care services. Health plans are also called managed care plans. People enrolled in the health plan are called “members” and have a primary care provider who helps guide [book](#) their health care.
- **Medicare:** The federal health program to provide health care for people aged 65 and older, people younger than 65 with certain disabilities, and people with certain diseases.
 - **Medicare Part A** covers inpatient hospital services and other services, such as skilled nursing facilities, and home health agencies.
 - **Medicare Part B** covers physician services, outpatient services, some home health care, durable medical equipment, and laboratory services and supplies.
 - **Medicare Part D** provides coverage for most prescription drugs.

[Medicare Advantage - \[define here\]](#)
- **Member:** A person enrolled in a managed care health plan, also called an “enrollee.”
- **Preferred Drug List:** A list of medications covered by a health plan offering prescription drugs.
- **Program for All-Inclusive Care for the Elderly (PACE)** – Health plans for people age 55 and older who need a higher level of care to live at home.
- **Primary Care Provider:** Your main health care provider. This may be a doctor, nurse practitioner, nurse midwife, or physician’s assistant. They help connect you to all the services you need, including care from specialists.
- **Provider Directory:** A list of doctors, clinics, pharmacies, and hospitals that are in a health plan’s network. You must use the providers in your health plan’s network.

Resources for Help & More Information

For information and help to enroll in, change, or leave a health plan:

Health Care Options

Provides beneficiaries with resources to make informed choices about Medi-Cal benefits.

1-800-430-4263

TTY: 1-800-430-7077

www.healthcareoptions.dhcs.ca.gov

For questions about Medicare coverage and services:

Medicare

1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

www.medicare.gov

If you have a problem with your health plan:

Department of Managed Health Care

Help Center

Help if your health plan denies services you need.

1-888-466-2219

TTY: 1-877-688-9891

Office of the Patient Advocate

www.opa.ca.gov

Medi-Cal Managed Care Ombudsman

Help if you have a problem you cannot solve with your health plan.

1-888-452-8609

For help understanding your options and rights:

HICAP (Health Insurance Counseling & Advocacy Program)

Free, in-person help for people with Medicare, or people with both Medicare and Medi-Cal.

1-800-434-0222

www.aging.ca.gov/hicap

1-800-776-5746

TTY: 1-800-719-5798

www.disabilityrightsca.org

Disability Rights California

Free information and advice on Medi-Cal rights for people with disabilities.

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California Health Advocates

Help with Medicare benefits and long term care.

1-916-231-5110

[www.calhealthadvocates.o](http://www.calhealthadvocates.org)

[rg](http://www.calhealthadvocates.org)

Health Services Advisory Group

For complaints about the quality of Medicare services in California.

1-866-800-8749

TTY: 1-800-881-5980

www.hsag.com/camedica

[re](http://www.hsag.com/camedica)

Program of All-Inclusive Care for the Elderly (PACE) Plans

Alameda County

- Center for Elders' Independence:
1-510-433-1150
- On Lok Lifeways: 1-888-886-6565

Santa Clara County

- On Lok Lifeways: 1-888-886-6565

San Diego County

- St. Paul's PACE: 1-619-677-3800

Riverside & San Bernardino Counties

- InnovAge PACE

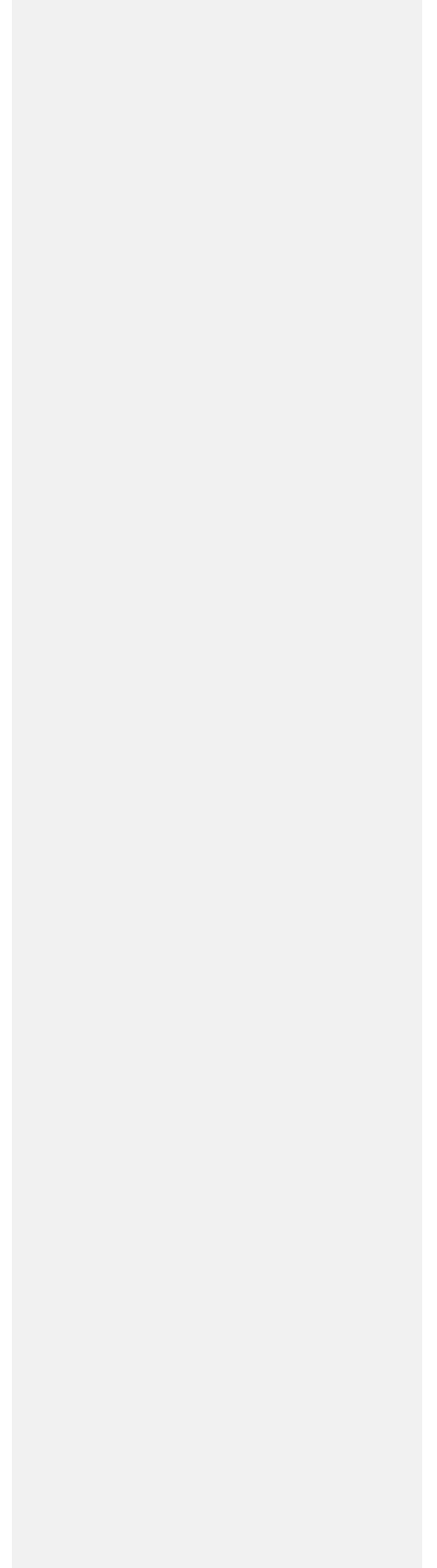
LA County Cities: Alhambra, Arcadia, Baldwin Park, Bell, Bell Gardens, Bellflower, Carson, Commerce, Compton, Cudahy, Downey, Duarte, East Los Angeles, El Monte, Gardena, Glendale, Hollywood, Huntington Park, Industry, Lakewood, Los Angeles, Lynwood, Maywood, Monrovia, Montebello, Monterey Park, North Long Beach, Norwalk, Paramount, Pasadena, Pico Rivera, Rosemead, San Gabriel, San Marino, Santa Fe Springs, South El Monte, Southgate, Temple City, Vernon, Whittier

- Altamed Senior BuenaCare
1-877-462-2582

LA County Cities: Reseda, Agoura Hills, Calabasas, Canoga Park, Chatsworth, Encino, Granada Hills, Mission Hills, Northridge, North Hills, Panorama City, Porter Ranch, Sherman Oaks, Studio City, Tarzana, Valley Village, Van Nuys, West Hills, Winnetka, and Woodland Hills

- Brandman Centers for Senior Care
1-818-774-3065
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Medi-Cal Health Plans

Alameda County	<input type="checkbox"/> Alameda Alliance for Health 1-877-371-2222 (TTY: 1-510-747-4501) <input type="checkbox"/> Anthem Blue Cross 1-800-407-4627 (TTY: 1-888-757-6034)
Santa Clara County	<input type="checkbox"/> Santa Clara Family Health Plan 1-800-260-2055 (TTY: 1-800-735-2929) <input type="checkbox"/> Anthem Blue Cross 1-800-407-4627 (TTY: 1-888-757-6034)
Los Angeles County	<input type="checkbox"/> Health Net 1-800-327-0502 (TTY: 1-888-788-6383) <ul style="list-style-type: none"> ○ Molina Health Plan 1-888-665-4621 (TTY: 1-800-479-3310) <input type="checkbox"/> L.A. Care 1-888-839-9909 (TTY: 1-866-522-2731) <ul style="list-style-type: none"> ○ Anthem Blue Cross 1-800-407-4627 (TTY: 1-888-757-6034) ○ Care 1st 1-800-605-2556 (TTY: 1-800-735-2929) ○ Kaiser 1-800-464-4000 (TTY: 1-800-777-1370)
Riverside & San Bernardino Counties	<input type="checkbox"/> Inland Empire Health Plan 1-800-440-4347 (TTY: 1-800-718-4347) <input type="checkbox"/> Molina Health Plan 1-888-665-4621 (TTY: 1-800-479-3310) <ul style="list-style-type: none"> ○ Health Net 1-800-327-0502 (TTY: 1-800-431-0964)
San Diego County	<input type="checkbox"/> Care 1st 1-800-605-2556 (TTY: 1-800-735-2929) <input type="checkbox"/> Community Health Group 1-800-224-7766 (TTY: 1-800-735-2929) <input type="checkbox"/> Health Net 1-800-327-0502 (TTY: 1-888-788-6383) <input type="checkbox"/> Molina Health Plan 1-888-665-4621 (TTY: 1-800-479-3310) <input type="checkbox"/> Kaiser 1-800-464-4000 English (TTY: 1-800-777-1370) 1-800-788-0616 Español 1-800-757-7585 Chinese