

Cal MediConnect Plan Guidebook

Medicare and Medi-Cal



CalMediConnect



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

Cal MediConnect Plans

RIVERSIDE & SAN BERNARDINO COUNTIES

IEHP Dual Choice

1-877-273-IEHP (4347) • (TTY: 1-800-718-4347)

www.iehp.org

Molina Dual Options

1-855-665-4627 • (TTY: 711)

www.molinahealthcare.com/duals

SAN DIEGO COUNTY

Care1st Cal MediConnect Plan

1-855-905-3825 • (TTY: 711)

www.care1st.com/ca/calmediconnect

CommuniCare Advantage

1-888-244-4430 • (TTY: 1-855-266-4584)

www.chgsd.com

Health Net Cal MediConnect

1-888-788-5805 • (TTY: 711)

www.healthnet.com/calmediconnect

Molina Dual Options

1-855-665-4627 • (TTY: 711)

www.molinahealthcare.com/duals

SAN MATEO COUNTY

Care Advantage CMC

1-866-880-0606 • (TTY: 1-800-735-2929 or 711)

www.hpsm.org

People with Medi-Cal in San Mateo County do not need to make a choice about which Cal MediConnect plan to join. This county is called a County Organized Health System (COHS) and has only one Cal MediConnect plan serving the county.

These plans cover both Medicare and Medi-Cal Long Term Services and Supports.

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If you need this guidebook in a different format, like large print or audio call Health Care Options at 1-844-580-7272 (TTY: 1-800-430-7077)

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 Cal MediConnect plan. If you live in one of the counties below, you will be asked to make a choice about joining a Cal MediConnect plan. California is making this change so your benefits and services work better together.

If you move out of your service area, contact your eligibility worker.

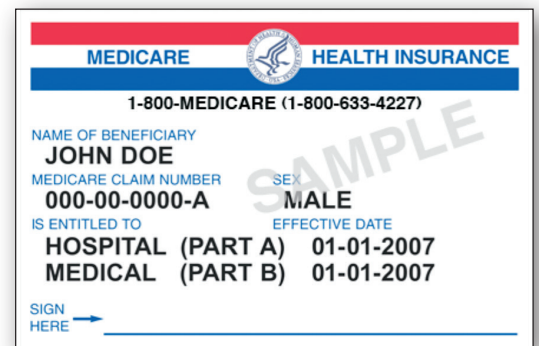
- Riverside
- San Bernardino
- San Diego
- San Mateo

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

Use this guidebook to help you decide which type of Cal MediConnect plan is best for you. Page 20 of this guidebook has a list of organizations and phone numbers you can call for more information.

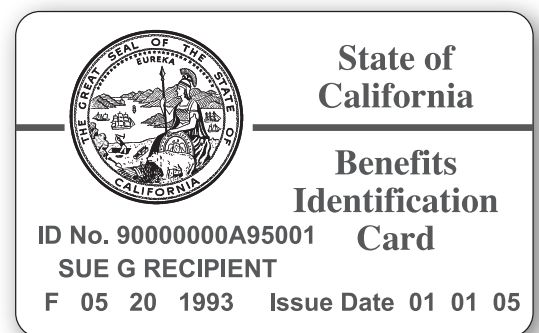
How do I know what kind of coverage I have?

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



Your red, white, and blue **Medicare** card is your card for doctors, hospitals, prescriptions, and other medical benefits.

For questions about Medicare coverage, call 1-800-MEDICARE 1-800-633-4227 (TTY: 1-877-486-2048)



Your **Medi-Cal** card is your card for Medi-Cal benefits, including transportation and Long Term Services and Supports, which include In-Home Supportive Services and nursing home care. Medi-Cal pays your Medicare deductibles and up to 20% cost sharing, when applicable.

When you join a Cal MediConnect plan you will have only one card.

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

What is a Cal MediConnect plan?

A Cal MediConnect plan is a group of health care providers that work together to give you care. This group includes doctors, hospitals, specialists, pharmacies, behavioral health, In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), nursing facilities, and Home and Community-Based services.

Each Cal MediConnect 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 providers. Sometimes a Cal MediConnect plan is called a "managed care plan."

Your doctor will work with the Cal MediConnect plan to provide you services. You may need approval for some services. You don't pay extra to join a health plan.



"I like that my Cal MediConnect plan helps me find specialists and get the care I need to stay healthy. The plan helps me get my medical equipment, and I can call the 24-hour nurse advice line for help any time."

Reasons to join a Cal MediConnect Plan?

- I want help finding doctors, specialists, and other providers.
- I want to remain in my home and independent.
- I want a list of doctors and other providers I can go to.
- I want help getting interpreters and information in my language.
- I want help finding care that meets my special needs.
- I want help coordinating my care.

What are my choices?

You must choose one of these options. Your choices are listed below. Details for each are found in this booklet. There is no cost to join a health plan.

- **Cal MediConnect Plans**

Get both your Medicare and Medi-Cal benefits in one plan. You will get all your Medicare Part A, Part B and Part D benefits and your Medi-Cal benefits, including Long Term Services and Supports, through a plan of your choice. See page 8 for more information. Get your Long Term Services and Supports (LTSS), including In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), nursing home care, supplies, some durable medical equipment, non-medical transportation, and vision.

You can choose to stay in regular Medicare. If you choose to stay in regular Medicare, you will still need to choose a Medi-Cal plan. If you are already in a Medi-Cal plan and choose to stay in regular Medicare, you will stay in that Medi-Cal plan.

- **Medi-Cal Plans for Long Term Services and Supports**

Get your Long Term Services and Supports, including transportation, IHSS, MSSP, CBAS nursing home care, supplies, and some durable medical equipment. Medi-Cal pays your Medicare deductibles and cost sharing, when applicable. Medi-Cal benefits will not change. See page 11 for more information.

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

You may qualify for a Program of All-Inclusive Care for the Elderly (PACE) Plan, where you get Medicare and Medi-Cal benefits together. See page 13 for more information. In order to qualify you must:

- Be 55 years of age or older;
- Meet the requirement for skilled nursing home care as determined by the PACE organization's interdisciplinary team assessment and certified by the Department of Health Care Services;
- Live in a service area (county and zip code) served by a PACE program, and;
- Be able to live in the community without jeopardizing your health or safety.

Reminder: While you are being assessed for PACE, you will not be enrolled in Cal MediConnect. However, you must still choose a Cal MediConnect Plan or a Medi-Cal health plan. We need to know your choice just in case you do not qualify to join PACE.

Questions and answers

1. Why am I getting this booklet?

You are getting this booklet because you must join a health plan. You can join a Cal MediConnect plan, or a Medi-Cal plan.

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

Yes. Cal MediConnect plans may be a good fit for you. Cal MediConnect combines all the benefits into one Cal MediConnect plan so you only have one card and one phone number to call for help. Read about the benefits in this booklet.

3. I want to keep my Medicare like it is today and not join Cal MediConnect. Do I still have to make a choice?

Yes. If you don't want to choose a Cal MediConnect plan, you can keep Medicare as it is today, but you still have to join a Medi-Cal plan.

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

This guidebook has a list of Medicare and Medi-Cal resources and phone numbers on pages 20-21 that can provide help.



Cal MediConnect plans

As a member of a Cal MediConnect plan

- You get all of your Medicare and Medi-Cal benefits in one health plan.
- You don't pay anything to join.
- You have one 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 Cal MediConnect plan. These are known as "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.
- You may work with a care coordinator. This person will work with you and your care providers to make sure you get the care you need.
- You get your Long Term Services and Supports.

Who can join?

Most people with full Medicare and full 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 cannot join?

You cannot join Cal MediConnect if you:

- Are younger than 21
- Have retirement, veteran's or other private health coverage
- Receive developmental disability services from a Regional Center
- If you receive services through one of the following waiver programs: Nursing Facility/ Acute Hospital, HIV/AIDS, Assisted Living, and In Home Operations
- 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)



"I want to get all my care from one plan. With Cal MediConnect, 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."

Cal MediConnect benefits



Medical services

Including, but not limited to:

- 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 adult diapers
- Rehabilitation

Long Term Services and Supports

- **In-Home Supportive Services (IHSS)** is personal care and other services for people who need help to live safely at home.
- **If you get IHSS**, your services will not change. 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. Your health plan can work with you and your IHSS providers to help you get the care you need.
- **Community-Based Adult Services (CBAS) provide daytime health care services**, and are available at centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.
- **Through the Multipurpose Senior Services Program (MSSP)** for people 65 and older, care coordination helps you work with your doctors, specialists, and other providers. It also helps you get needed equipment and services.
- **Nursing home care.** Your plan will work with your doctor and nursing home to better coordinate your care.

Additional benefits

- Vision care
- Non-medical transportation

Cal MediConnect plan benefits

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

Each Cal MediConnect plan is required to post a summary of benefits on their website. Or, you can call the Cal MediConnect plans to ask about their specific benefits and services. The inside front cover has a list of Cal MediConnect plans and phone numbers in your county.

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

Yes, if your doctor(s) is part of your Cal MediConnect plan's provider network. You can see each plan's provider directory on its website, or call a plan to request they send you a provider directory in the mail. You can ask your doctors if they work with the Cal MediConnect plans in your area. Under certain circumstances, if you see doctors who are not part of the Cal MediConnect plan's network, you can keep seeing those doctors for up to six months if they agree to work with your new health plan. See page 16 for more information.

Can I still keep my IHSS worker if I join a Cal MediConnect plan?

Your services will not change. 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. Your health plan can work with you and your IHSS providers to help you get the care you need.

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

At any time, you can change your Cal MediConnect plan. You can also go back to regular Medicare but you must still choose a Medi-Cal health plan. You can change health plans any month. To do this, call Health Care Options at 1-844-580-7272 (TTY: 1-800-430-7077), or tell your health plan that you want to leave the plan.



Medi-Cal Plans for Long Term Services and Supports

Medi-Cal Plan benefits.

There is no cost to join. If you need any of the services below, you can ask your Medi-Cal plan for help.

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.

Daytime health care is available at Community-Based Adult Services (CBAS) centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.

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

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

Medical equipment and supplies like walkers or wheelchairs, and medical supplies, like bandages and adult diapers.

Medical Transportation is a service covered by your plan.

Medi-Cal pays your Medicare deductibles and up to 20% cost sharing, when applicable.



"I wanted to keep my Medicare services like they are now. That's why I joined a plan that focuses only on my Medi-Cal Long Term Services and Supports. It's separate from Medicare. So when I see my primary care doctor or need any Medicare services, I still use my Medicare card."

(continued on next page)

Medi-Cal Plans for Long Term Services and Supports

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I don't use Medi-Cal Long Term Services and Supports. Why must I join a plan?

It is now mandatory to join a plan. Medi-Cal health plans will pay any 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 Services and Supports.

Can I still go to my Medicare doctor(s) if I join a Medi-Cal health plan for Long Term Services and Supports?

Yes. Enrolling in a Medi-Cal health plan for your Long Term Services and Supports does not change your Medicare benefits. You can still go to your Medicare doctors, hospitals, and providers.

I am in a Medi-Cal nursing home, can I stay in my nursing home with a Medi-Cal Plan?

Yes. If you are in a nursing home that is not part of the health plan's network, you can stay in that nursing home.

Reminder: If you don't join or you "opt out" of a Cal MediConnect plan, you MUST join a Medi-Cal plan whether or not you receive Long Term Services and Supports.

Exceptions:

People who do not have to join a health plan are listed below. They will get their Long Term Services and Supports through regular Medi-Cal.

- People with retirement, veteran's or other private health coverage.
- People who live in a veteran's home.
- People with developmental disabilities who live in residential facilities.
- People with HIV/AIDS may dis-enroll from the Medi-Cal health plan and go back to regular Medi-Cal at any time. Work with your doctor to get this form.*
- Native Americans may dis-enroll from the Medi-Cal health plan and go back to regular Medi-Cal at any time. Fill out a "Non-Medical Exemption Request" form to dis-enroll.
- People younger than 21 must enroll in a Medi-Cal health plan for most Medi-Cal benefits.

** People with HIV/AIDS in San Mateo County cannot go back to regular Medi-Cal.*

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

PACE Benefits

PACE plans cover all Medicare and Medi-Cal 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.

There is an application process to join a PACE plan, including an assessment by the PACE plan's interdisciplinary team

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
- Vision and Dental services
- 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 adult diapers

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

See page 22 for a list of PACE plans

Long Term Services and Supports

- Transportation to and from the PACE Centers and outside medical appointments
- Adult Day Health Care services like recreational activities and personal care
- Personal care services to help with bathing, dressing, and other assistance to live safely at home. (This is similar but not the same as IHSS. You cannot get IHSS if you are in a PACE plan.)
- Nutritional Counseling and prepared meals delivered to your home and lunch at PACE Centers
- Nursing home care
- Social Services – counseling, family support, and help with benefits



"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."

How to choose a health plan

STEP 1

Find the best health plan for you.

Cal MediConnect

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

Look on the inside front cover (page 2) of this Guidebook for a list of the Cal MediConnect plans available in your county. There is also information on these Cal MediConnect plans in your Choice booklet.

Medi-Cal Plan for Long Term Services and Supports

Do you want to keep your Medicare separate and join a health plan for your Medi-Cal (including LTSS)? If yes, then a Medi-Cal only health plan may be good for you. Look on page 21 in this Guidebook for a list of the Medi-Cal health plans available in your county. If you think you qualify, you can also choose PACE. PACE will contact you to see if you do.

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

See page 13 for more information about PACE. If you think you may qualify, you can choose PACE. You must still choose a Cal MediConnect Plan or a Medi-Cal health plan, just in case you do not qualify to join PACE. PACE will send you a letter telling you whether or not you meet the requirements to join. Look on page 22 for a list of PACE Plans available in your county.

STEP 2

Choose the type of health plan that is a good fit for you.

Make a list of your main doctors, providers, and care needs.

Use the worksheet on page 23 to make a list of your providers and health care needs. 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 medical equipment.

Do you have a doctor or other provider you like?

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. You may be able to keep seeing your current doctors for up to six months. See page 10 for more information.

STEP 3 **Make a Health Plan Choice.**



Call Toll Free

- Call Health Care Options (HCO) at 1-844-580-7272 Monday through Friday, 8:00 am to 5:00 pm. For TTY users, call 1-800-430-7077. A representative can help you enroll in a health plan or change your health plan.
- The telephone number listed above also provides a 24 hour self-service phone tree in English and Spanish. You can learn about the HCO Program, enrollment information, how to complete the Health Plan Choice Form, how to find an enrollment assistance location, and much, much more. During business hours, you can choose to speak with a customer services representative.



Visit Health Care Options in Person

- Find an enrollment assistance location near you where you can talk privately with a Cal MediConnect or Medi-Cal only health plan enrollment specialist. No appointment is necessary. Use one of the following tools:
 - Call Health Care Options at 1-844-580-7272 for information. For TTY users, call 1-800-430-7077.
 - Visit www.healthcareoptions.dhcs.ca.gov and click the 'Presentation Sites' option.



Mail In Your Health Plan Choice Form

- Complete the Medicare and Medi-Cal Choice Form found in your choice booklet and mail it in the postage paid envelope provided. Your health plan enrollment will be effective within 15 to 45 days.

Getting Accessible Care

Common accessibility symbols and codes found in provider directories:

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

You can call your health plan for information about providers that meet your accessibility needs. These include:

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

After you join a Cal MediConnect plan

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

Continuing your scheduled care

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

Your Cal MediConnect 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 Cal MediConnect plan, call your new Cal MediConnect plan right away. Tell the plan about your treatment so it can work with you. Medi-Cal and Medicare providers will work with the plan so it knows about your health care needs, such as services you have received in the past, so the plan will be ready to serve you on the first day that your coverage is effective.

Continuing care with your doctors and other providers

Eventually, you must get all your covered services from providers who work with your plan. These are called “in-network” providers. There are few exceptions. For example, if your doctor is not in the network, then you may be able to keep seeing that doctor for up to six months. This includes specialists. Please see the steps involved in doing this on page 17.

If you have IHSS or live in a nursing home

If you have IHSS benefits, you have the right to keep the same IHSS providers. Also, if you live in a nursing home, you have the right to stay in your nursing home. You can ask your plan about getting help to return to the community.

Continuing your prescription drugs

During the first 90 days of enrollment the plan will cover refills of drugs prescribed prior to enrollment, even if they are not covered by them. They will provide you with a one-time 30 day supply, unless a lesser amount is prescribed.

Note: Your health plan must continue to provide needed services. You have the right to continue to receive care from the same doctors and some other types of providers for a period of time. For “ancillary” services, you must change right away to providers that are in the plan’s network. Ancillary service providers include suppliers and fitters of medical equipment, medical supplies, transportation, and pharmacies.

Example of Continuity of Care

If you see a doctor who is not part of the plan's network, you may be able to see that doctor for up to six months.

1. Call your Cal MediConnect plan and tell them about your scheduled care.
2. Tell your doctor or provider that you joined a Cal MediConnect plan. If the provider is not “in-network,” you can ask him or her about joining the plan's network.
3. If your doctor is “out-of-network,” tell the plan you want to keep seeing your doctor.
4. If you have seen the doctor once in the last twelve months, the plan must contact your doctor. If the doctor is a specialist you must have seen the doctor twice in the last twelve months for these rules to apply.
5. The doctor must agree to work with the plan. You can keep seeing your doctor for up to six months after you have joined the plan. After that, you will have to use doctors who are in the network.

Your rights and responsibilities

As a Cal MediConnect plan member, you have certain rights.

These include the right to:

- Get timely access to services for a health problem or disability
- Be 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 Cal MediConnect plan member, you have certain responsibilities.

You should always:

- Use providers who work with the plan to get covered services
- Work with your primary care provider to get approval for needed services
- Tell the plan about your care needs and concerns
- Tell the plan about existing appointments and services

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Your rights and responsibilities

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Problem solving

If you have a problem with your services, try to talk to your doctor and your plan. If your problem still is not fixed, you have many options for help.

File a grievance

A grievance is a way of filing a simple complaint. If you have a concern with your services or with someone from the Cal MediConnect plan, you can file a grievance. You or someone on your behalf can file a grievance in writing, over the phone, or in person. Your Cal MediConnect plan will work with you to resolve the problem.

File an appeal

You can always file an appeal if your Cal MediConnect plan denies, reduces, or ends services you think you should have. The health plan will take another look at your service needs and will send you a letter with a decision. If your appeal is about the plan stopping or reducing services that you are receiving, you can keep getting the service while the appeal is decided—this is sometimes call “aid paid pending”.

You also appeal if your plan does not cover drugs your doctor has prescribed. The pharmacist will provide you with information on how to ask for an appeal.

File a Medicare appeal, including for prescription drugs

For Medicare benefits, if your health plan has denied your appeal for services, the plan will send your appeal to the Medicare Independent Review Entity (IRE). For more help, you can also call 1-800-MEDICARE (1-800-633-4227) or visit Medicare.gov.

Ask for a State Fair Hearing

For problems with Medi-Cal benefits that are denied, reduced, or stopped, such as Long Term Services and Supports, you can ask for a Fair Hearing at any time. 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 help with grievances and appeals

Making an appeal can be confusing. Your health plan must provide clear information on how to file a grievance and appeal. For help, you can also call at any time the **Cal MediConnect Ombudsman** at **1-855-501-3077**. This number will be operational starting 4/1/2014. You can also call the State of California **HMO Help Center** at **1-888-466-2219**.

Common terms and definitions

Appeal

A request for a review of a health plan's denial to provide or pay for medical care.

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 after the date that your Medi-Cal benefits were denied, reduced, or stopped.

Formulary

A list of medications covered by a health plan offering prescription drugs.

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. Medicaid is a government insurance program for persons of all ages with limited income and resources or with certain chronic conditions.

Choice Form

The form you fill out to choose or change your health plan.

Continuity of Care

This refers to the ability of a new health plan member to continue to receive Medicare up to 6 months and Medi-Cal services from their existing provider for up to 12 months without a break in service if the doctor and the health plan agree.

Health Care Options

Agency responsible for processing plan enrollment and disenrollments in all counties except San Mateo County.

Health Risk Assessment

Health plans use a number of predefined metrics to assess the health of a new member and develop a plan of care.

Member

A person enrolled in a managed care health plan, also called an "enrollee."

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 Plans

A type of Medicare health plan that covers Medicare Part A and B benefits. Some plans also cover Part D, prescription drugs.

Preferred Drug List

A select list of medications covered by a health plan offering prescription drugs.

Primary Care Provider

This is your doctor or other provider you see first for most health problems. They make sure you get the care you need to keep you healthy. They help connect you to other doctors and services you need.

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

Health plans for people age 55 and older who need nursing home level of care.

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.

Medicare and Medi-Cal resources

For help or more information on enrollment:

Health Care Options

1-844-580-7272 • (TTY: 1-800-430-7077)
www.healthcareoptions.dhcs.ca.gov

If you live in San Mateo County:

Care Advantage CMC

1-866-880-0606
(TTY: 1-800-735-2929 or 711)
www.hpsm.org

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

1-866-466-8900
www.opa.ca.gov

Cal MediConnect Ombudsman

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

1-855-501-3077

[This number will be operational starting 4/1/2014]

Medi-Cal Managed Care Ombudsman

Help if you have a problem you
cannot solve with your Medi-Cal plan.

1-888-452-8609

For help understanding your 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

Disability Rights California

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

1-800-776-5746 • (TTY: 1-800-719-5798)

www.disabilityrightsca.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/camedicare

Medi-Cal Health Plans

RIVERSIDE & SAN BERNARDINO COUNTIES

- Inland Empire Health Plan (IEHP)** 1-800-440-4347 (TTY: 1-800-718-4347)
 - Kaiser Permanente 1-800-464-4000 (TTY: 1-800-777-1370)
- Molina Health Plan** 1-888-665-4621 (TTY: 1-800-479-3310)
 - Health Net 1-800-327-0502 (TTY: 1-800-431-0964)

SAN DIEGO COUNTY

- Care 1st Health Plan** 1-800-605-2556 (TTY: 1-800-735-2929)
- Community Health Group** 1-800-224-7766 (TTY: 1-800-735-2929)
- Health Net** 1-800-327-0502 (TTY: 1-800-431-0964)
- Molina Health Plan** 1-888-665-4621 (TTY: 1-800-479-3310)
- Kaiser Permanente** 1-800-464-4000 (TTY: 1-800-777-1370)

SAN MATEO COUNTY

- Health Plan of San Mateo** 1-800-750-4776 (TTY: 1-800-735-2929)

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

Are you age 55 or older, need a higher 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. If you are interested in joining a PACE plan, you should contact the PACE plan in your area for an assessment to see if you are eligible.

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

San Diego County

St. Paul's PACE

1-619-677-3800 • (TTY: 1-800-735-2922)

Riverside & San Bernardino Counties

InnovAge PACE

1-909-366-4230 • (TTY: 1-855-853-3294)

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

Use the list you create when you look in the health plan provider directories and when you call the health plans. You can ask the health plans if they work with your providers and cover your prescriptions.

Doctors

Pharmacies and prescriptions drugs

Hospitals

IHSS, MSSP, CBAS, or nursing facility providers

Medical equipment and supplies

Other important services

CalMediConnect



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

P.O.Box 989009

West Sacramento, CA 95798-9850

1-844-580-7272

(TTY: 1-800-430-7077)