



Department of Health Care Services



Cal MediConnect and Medi-Cal Managed Care Plan Resource Guide



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Welcome

You are receiving this Resource Guide because you have both Medicare and Medi-Cal. You now must join a health plan to receive your Medi-Cal benefits. You have the following choices:

- **Join a Cal MediConnect Plan.**

Cal MediConnect combines all your Medicare and Medi-Cal benefits into one convenient health plan. Cal MediConnect is only available in certain counties. If you move, contact your eligibility worker to learn about your choices.

- **Join a Medi-Cal Managed Care Plan.**

You can choose to keep your Medicare and Medi-Cal separate, but must still join a Medi-Cal Managed Care plan for your Medi-Cal benefits. Joining a Medi-Cal Managed Care plan will not change your Medicare benefits.

If eligible, you may also apply for the **Program for All-Inclusive Care for the Elderly (PACE)**. PACE plans cover all Medicare and Medi-Cal benefits. Services are provided in dedicated PACE centers and beneficiaries use PACE's own in-home care providers. You must qualify for PACE. If you choose PACE, you must still select a Cal MediConnect or Medi-Cal Managed Care plan in case you do not qualify for PACE.

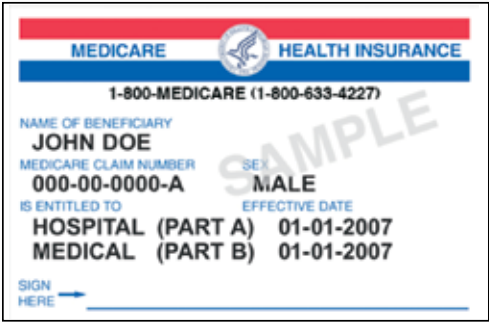
Choosing a health plan is important. This guide will explain your plan choices, what benefits the plans provide, and how you can work with your health plan after you join.

Use this Resource Guide to help you choose which type of health plan is best for you. This guide contains 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

You can also contact your county eligibility worker to find out what coverage you have.



Your State of California Benefits Identification Card (BIC) is your card for Medi-Cal benefits, including transportation, Long-Term Services and Supports, In-Home Supportive Services and nursing home care. Medi-Cal pays your Medicare deductibles and up to 20% cost sharing, when applicable.

If you join a Cal MediConnect plan, you will have only one card for all your benefits.

What are My Choices?

You must choose one of the health plans listed below to get your Medi-Cal benefits. Details about each of them are found in this Resource Guide. There is no cost to join any of these following health plans.

- **Cal MediConnect Plans**

Cal MediConnect plans cover and combine all of the benefits that you receive through Medicare and Medi-Cal, including prescription drugs. The plan will also cover extra benefits like care coordination, additional vision care and non-medical vehicle transportation.

Cal MediConnect plans cover all of your Medi-Cal benefits, including In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), nursing home care, transportation, supplies, and some medical equipment. Cal MediConnect plans also cover your Medicare deductibles and cost sharing.

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

If you want to keep your Medicare separate, your Medi-Cal Managed Care plan will cover your Medi-Cal benefits. This includes IHSS, MSSP, CBAS, nursing home care, transportation, supplies, and some medical equipment. Your Medicare will stay the same. The Medi-Cal Managed Care plan also covers your Medicare deductibles and cost sharing.

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

You may qualify to get care through a Program of All-Inclusive Care for the Elderly (PACE) plan. With PACE, you get Medicare and Medi-Cal benefits together. PACE is designed for those who require higher needs and special care to continue living independently. PACE coordinates all-inclusive medical and social services for eligible seniors to be able to live independently, but who otherwise would need to be in a long-term care facility. 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.

Note: *While you are being assessed for PACE, you must still choose a Cal MediConnect plan or Medi-Cal Managed Care plan, in case you do not qualify to join PACE.*

Compare Plans and Benefits*

The table below shows the benefits offered by Cal MediConnect, Medicare, and Medi-Cal Managed Care plans. You can compare what benefits are available.

SERVICES	Cal MediConnect	Original Medicare (with Medicare Part D)	Medi-Cal Managed Care
Doctor visits and lab tests/x-rays	●	●	
Urgent and hospital care	●	●	
Nursing facility care	●	●	
Prescription drugs	●	●	
Medical equipment (such as blood sugar monitors, walkers, wheelchairs)	●	●	●
Medicare copays and deductibles, and other medi-cal services	●		●
Long-Term Services and Supports (IHSS, CBAS, and MSSP)	●		●
Nursing facility care (if there are no safety concerns)	●		●
Right to hire, fire, manage and supervise your IHSS worker	●		●
Non-Emergency Medical Transportation (MEMT) to medical services, such as an ambulance, litter van or wheelchair van from a registered Medi-Cal provider	●		●
SUPPLEMENTAL SERVICES			
Non-Medical Transportation (NMT) to medical services, such as personal cars, shuttles and taxi cabs	●		
Vision: free annual eye exam and a minimum of \$100 for frames every two years	●		
Supplemental dental benefits	●		
COORDINATED CARE			
A network of providers working together for you	●		
A personal care coordinator who will make sure you get the care and support you need	●		
A customized review of your health needs and care plan	●		
One health insurance card; nurse advice line to call 24-hours a day; 7 days a week	●		

*** PACE provides all Medicare and Medi-Cal covered services. Services are provided in dedicated PACE centers and beneficiaries use PACE's own in-home providers.**



Cal MediConnect

What is a Cal MediConnect Plan?

A Cal MediConnect plan includes a team of health care providers who work together to give you care. Cal MediConnect includes a Care Coordinator, 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.

Care Coordination: With Cal MediConnect, you have a Care Coordinator to help you with your health care needs. A Care Coordinator will be assigned to you when you join a Cal MediConnect plan. A Care Coordinator is a person who is trained to help you manage the care you need. Often this is a nurse or other licensed medical professional who has the experience and knowledge to help you understand your plan and how your benefits work together. Your Care Coordinator will work with you and your providers to ensure that you get the care and services you need to help you stay healthy. Your Care Coordinator may also connect you with other helpful programs and services in your community. This includes home and community-based services that can help you stay independent. Depending on your needs, your Care Coordinator may help you with appointments, medicines, transportation to your doctor visits and medical supplies. Proper care coordination can improve your health.

“ 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. Since I wear glasses, I like that I have additional vision care benefits with Cal MediConnect. It is great that I can get a ride to the pharmacy and my doctor appointments. ”



A Cal MediConnect plan can improve your health, get you quick access to the services you need, and reduce the time you spend going back and forth from one doctor to another.

Cal MediConnect Providers: Each Cal MediConnect plan includes thousands of providers. This group is the plan's "network of providers." After you join a plan, you will get your services from the plan's providers. In some plans, you may be assigned to a specific group of providers. To learn if you can still see your current providers, call the health plan you are thinking about joining, and ask them if your provider is within their network. There are ways to keep seeing your current providers. Phone numbers for the plans are on page 25.

What is a provider network?

The network is a specific group of health care providers that work with a health plan. A network includes primary care providers, specialists, pharmacies, nursing facilities, and suppliers of medical equipment. These providers work together to make sure you get the services you need.

Your providers will work with the Cal MediConnect plan to provide your services. You may need approval for some services.

Why Should I Choose a Cal MediConnect Plan?

- I want help getting my doctors to work together and share information.
- I want a team of professionals to help me manage my health care needs.
- I want help finding care that meets my needs.
- I want help finding doctors, specialists, and other providers.
- I want more vision benefits and rides to the pharmacy or appointments using cars or taxis.
- I want one plan card and one phone number to call for questions about all of my benefits.



Cal MediConnect Plan Benefits

Medical Services

Cal MediConnect covers all medical services and benefits covered under Medicare and Medi-Cal.

This includes:

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

Medi-Cal covers your Medicare deductibles and coinsurance – you should never be billed for those services. If you are billed, you should contact your health plan immediately. Phone numbers for Cal MediConnect and Medi-Cal can be found in the back of this guide.

You can also call the Cal MediConnect Ombudsman at: 1-855-501-3077.



Long-Term Services and Supports

Cal MediConnect includes all Medi-Cal benefits, such as:

- **In-Home Supportive Services (IHSS)*** are personal care services for people who need help to live safely in their home.
If you get IHSS now, your services will not change. You can keep your IHSS providers. 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 stay the same.
- **Community-Based Adult Services (CBAS)** provide daytime health care services. They are available at centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions. If you get CBAS now, your services will not change.
- **Multipurpose Senior Services Program (MSSP)** provides social and health care services for people age 65 and older who stay in their homes. If you get MSSP now, you will still receive it through your current providers. Your plan will work with them to better coordinate your care.
- **Nursing home care.** If you get care in a nursing home now, you do not have to move, unless you are not getting the care you need. Your plan will work with your doctor and nursing home to better coordinate your care.

Other Medi-Cal Benefits

- **Medical transportation**
- **Medical equipment and supplies**
- **24-hour nurse advice line**

Extra Benefits in Cal MediConnect

If you choose a Cal MediConnect plan, you will get additional benefits that are not offered by regular Medicare or Medi-Cal. This includes:

- **A skilled Care Coordinator**, like a nurse or other assistant, to help you access all of the services you need to stay healthy and live independently. They will help your medical providers work with other services you may use or need.
- **Additional vision care.** This includes yearly eye exams and at least \$100 benefit for eyeglasses or contact lenses every two years.
- **Transportation benefits** to medical services using personal cars, taxis, shuttles, and other types of transportation. Examples include: trips to your pharmacy, physical therapist or chiropractor. Cal MediConnect offers at least 30 one-way trips per year, for non-emergency appointments using non-medical vehicles. Some Cal MediConnect plans offer more. For detailed benefit information contact the Cal MediConnect plans listed on page 25.
- **A customized care plan** and extra help to be sure your needs are met.
- **One plan card.**
- **One phone number** to call for answers to questions about all your benefits.

* Beneficiaries who enroll in Cal MediConnect may be able to receive additional home care services beyond the 283 hours currently authorized in the IHSS program. Please contact the Cal MediConnect plan for more information.

Cal MediConnect Questions and Answers

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

All Cal MediConnect plans must cover all of your Medicare and Medi-Cal covered services, including your prescription drugs.

All Cal MediConnect plans cover extra vision and transportation benefits.

Some plans may offer extra dental benefits, additional in-home support services or other added benefits not already listed.

Each Cal MediConnect plan includes a summary of benefits on their website. You can also call the Cal MediConnect plans to ask about what they offer. There is a list of Cal MediConnect plans and phone numbers on page 25.

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

You may change your health plan at any time. You can change your Cal MediConnect plan, or switch to a Medi-Cal Managed Care Plan by calling Health Care Options at 1-844-580-7272; TTY: 1-800-430-7077.

Will I have to change doctors if I join Cal MediConnect?

If you already have doctors that you know and trust, you can call the Cal MediConnect plans in your county to ask if your doctors are a part of the network. You can also ask your doctors if they have joined a Cal MediConnect health plan. If your doctor is not part of your Cal MediConnect plan's network, you can continue to see your Medicare and your Medi-Cal doctors for 12 months after you are enrolled. For more information on "How to Keep Visiting Your Current Doctors (Continuity of Care)" turn to page 13.

Will Cal MediConnect cover my prescription drugs?

Yes. Cal MediConnect plans include Medicare Part D prescription drug benefits and any Medi-Cal prescription drug benefits. Joining a Cal MediConnect plan means you no longer need your current Part D prescription drug plan.

Does choosing a Cal MediConnect plan or Medi-Cal Managed Care plan change my IHSS Services?

No. If you receive IHSS, your services and hours will not change. You will keep your IHSS providers. You can still hire, fire, and manage them. Your county IHSS social worker will still assess your needs and approve your IHSS hours. Your rights to appeal stay the same.



My Medicare and Medi-Cal are confusing. Can Cal MediConnect help me organize all my plan services?

Yes. You are not alone in wanting a health plan that will help you handle all your care. A Cal MediConnect plan may be a good fit for you. You will have a Care Coordinator who will help you understand your choices. Your Care Coordinator will work with your team of providers to make sure you have the services you need. They will help you get community services including In-Home Supportive Services, Community-Based Adult Services, and the Multipurpose Senior Services Program. They can also refer you to other services, such as food programs or housing, so that you can stay independent and healthy longer.

With Cal MediConnect, you will have one card and one number to call, 24-hours a day, 7 days a week. Also, a nurse advice line is available staffed by trained professionals who can answer questions about your health care needs.

Will I have to change my non-medical providers?

Your medical equipment, medical supplies, physical therapy, and transportation will be provided through your Cal MediConnect plan's network. If you use any of these services

now, talk to your Cal MediConnect plan about your coverage. Your In-Home Supportive Services (IHSS) provider will not change if you join Cal MediConnect. You still have a right to hire, fire, and manage your IHSS providers.

If I still have questions, how can I get help? Can someone give me advice?

For help, see the Medicare and Medi-Cal resources and phone numbers at the back of this booklet.

You can also call the Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222. HICAP provides free and objective counseling. HICAP Counselors can help you understand your plan options.



Q & A



After You Join a Cal MediConnect Plan

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

Care Coordination – How a Cal MediConnect plan can help you

If you join Cal MediConnect, your plan or your primary care provider will contact you to go over the services you may need. Your Cal MediConnect plan and your providers will work with you to put together a plan to help you get your services. Your care team will be able to communicate with each other so that you get the best care available.

With Cal MediConnect, you do not have to figure out the health care system on your own. You will have a **Care Coordinator** – one person whose job is to help you get your care and services. You will have one number you can call to answer any questions you may have.

If you have IHSS or live in a nursing home

If you have IHSS benefits, Cal MediConnect does not change your IHSS benefit in any way. Cal MediConnect will not change the number of hours you receive through IHSS, and you will continue to hire, fire, and manage your provider. Also, if you live in a nursing home, you have the right to stay there, unless you are not getting the care you need. You can ask your plan about getting help to live in the community.

Prescription Drugs

For the first three months after you enroll, the health plan will pay for a refill of your existing prescription drugs, even if they are not covered by the health plan. Your plan will give you a one-time 30-day supply, unless a smaller amount is prescribed. After the first 30 days in Cal MediConnect, your plan will work with you to provide you the prescription drugs you need.

Please contact your Cal MediConnect plan to learn more about your drug coverage benefits.

Seeing Your Current Doctors (Continuity of Care)

If you see doctors (including specialists) who are not in the Cal MediConnect network, you may be able to keep seeing them after you are enrolled. You may be able to see your Medicare and Medi-Cal doctors for up to 12 months. If your doctors do not join the Cal MediConnect network by the end of the time limit, you will need to switch to doctors within the Cal MediConnect network.

Getting Care You Have Scheduled

If you have a previously scheduled treatment and just joined a Cal MediConnect plan, call your new plan right away. Tell the plan about your treatment so they can help you get care. Your new Cal MediConnect plan must work with you and your doctors to make sure you get care as usual.

Your health plan must continue to provide needed services.

Seeing Your Other Providers

Except for doctors (ancillary services), you must use providers that are in the plan's network. Ancillary service providers include suppliers and fitters of medical equipment, medical supplies, transportation, and pharmacies.

How to Keep Visiting Your Current Doctors (Continuity of Care)

If you see a doctor who is not part of the Cal MediConnect network, you may be able to see that doctor for up to 12 months for Medicare and Medi-Cal services.

- 1.** Call your Cal MediConnect plan to see if your doctor is "out-of-network." If so, tell your plan you want to keep seeing your doctor.
- 2.** Tell your doctor or provider that you joined a Cal MediConnect plan and ask them about joining the plan's network.
- 3.** If you have seen your doctor (or specialist) once in the last 12 months, the plan must contact your doctor and try to work with them to continue your care with that doctor.
- 4.** After you join Cal MediConnect, you may keep seeing your doctor for up to 6 months for Medicare services, and up to 12 months for Medi-Cal services if your doctor agrees to work with your plan. If your doctor does not join the Cal MediConnect plan after this time, you will have to use doctors who are in the Cal MediConnect network.



Your Rights and Responsibilities

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

These include the right to:

- Get help with your health problem or disability
- Be told where, when, and how to get needed services
- Have a say about your care, including being able to refuse treatment
- Privacy about your medical records and treatment
- Get a copy of your medical records in a way you can read
- Hire, fire, and manage your IHSS providers
- Be treated with respect and dignity
- Be treated by providers who are experienced in your condition

As a Cal MediConnect Plan member, you have certain responsibilities.

You should always:

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



Medi-Cal Managed Care

What is a Medi-Cal Managed Care Plan?

Medi-Cal wants you and your family to be healthy and satisfied with your health care. If you have both Medicare and Medi-Cal, you are required to either choose a Cal MediConnect plan or a Medi-Cal Managed Care plan to cover your Medi-Cal benefits. There is no cost to join.

If you choose not to join Cal MediConnect, you can continue to receive Medicare services as you do today. You must have a Medi-Cal Managed Care plan to get your Medi-Cal services. Medi-Cal Managed Care plans cover your Medi-Cal benefits, such as personal care services, transportation, and supplies. Your Medicare will not change. You will still be able to see your Medicare doctors.

If you do not have a Medi-Cal Managed Care plan, and do not choose a Medi-Cal Managed Care plan, one will be chosen for you. If you have questions regarding covered services, call your Medi-Cal Managed Care plan. The phone numbers are listed on page 26. Each plan has a Member Services Department and an after-hours number you can call, along with a 24-hour toll free number you can call with questions about your care.

The Medi-Cal Managed Care plan you choose will send you information and a member identification card.

“ 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. When I see my primary care doctor or need Medicare services, I still use my Medicare card. ”



Medi-Cal Managed Care Plan Benefits

Your Medicare benefits will not change if you select a Medi-Cal Managed Care plan. Your Medi-Cal Managed Care plan will cover the following:

Long-Term Services and Supports

- **In-Home Supportive Services (IHSS)** are personal care services for people who need help to live safely in their homes. Remember, if you get IHSS now, your services and hours will not change. You can keep your IHSS providers and you can still hire, fire, and manage your providers. Your rights to appeal stay the same.
- **Community-Based Adult Services (CBAS)** centers provide daytime health care. This can include: nursing, therapy, activities, and meals for people with certain chronic health conditions. If you already use CBAS, your services will not change.
- **Multipurpose Senior Services Program (MSSP)** provides social and health care services for people age 65 and older remain in their homes. If you get MSSP now, you will still receive it through your current providers. Your Medi-Cal Managed Care plan will work with them to better coordinate your care.
- **Nursing home care** is long-term care provided in a facility. If you get care in a nursing home now, you do not have to move, unless you are not getting the care you need.

Other Medi-Cal Benefits

- **Medical equipment and supplies** such as bathroom equipment, bandages, and adult diapers.
- **Medical transportation** (Non-Emergency Medical Transportation from registered Medi-Cal providers) is a service, covered by your plan, that provides transportation to medical appointments.

Medi-Cal covers your Medicare deductibles and coinsurance – you should never be billed for those services. If you are billed, you should contact your health plan immediately. Phone numbers for Medi-Cal plans can be found in the back of this Resource Guide.

You can also call the Medi-Cal Ombudsman at: 1-888-452-8609.



Medi-Cal Managed Care Plan

Questions and Answers

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

It is mandatory to join a plan for your Medi-Cal benefits. You can choose a Cal MediConnect plan, Medi-Cal Managed Care plan, or apply for the All-Inclusive Care for the Elderly (PACE). Medi-Cal Managed Care plans cover your Medicare deductibles and coinsurance. Also, Medi-Cal Managed Care plans provide medical equipment, transportation and a 24-hour nurse advice line. A Medi-Cal Managed Care plan will be able to help if you ever need Long-Term Services and Supports.

I am in a Medi-Cal nursing home, can I stay in my nursing home with a Medi-Cal Managed Care plan?

Yes. If you are in a nursing home that is not part of the Medi-Cal Managed Care plan's network, you may still stay in that nursing home as long as there are no quality of care issues.

Does everyone who receives Medi-Cal and Medicare have to choose a Medi-Cal Managed Care plan? Are there exemptions or exceptions?

People who do not have to join a Medi-Cal Managed Care plan are listed below. They will receive Medi-Cal services through regular Medi-Cal.

- People with retirement, veteran's or other private health coverage.
- People who live in a veterans' home.
- People with developmental disabilities who live in residential facilities.
- People with HIV or AIDS can have regular Medi-Cal at any time by working with their doctor and filling out the "Non-Medical Exemption Request" form.
- Native Americans receiving services from Indian Health Services may disenroll from the Medi-Cal health plan and can go back to regular Medi-Cal at any time. Fill out a "Non-Medical Exemption Request" form to dis-enroll.

Can I still go to my Medicare doctor(s) if I join a Medi-Cal Managed Care plan?

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

Your Medicare providers should bill your Medi-Cal health plan for the Medicare coinsurance and deductibles. Your providers should not bill you for any coinsurance or deductibles. If you have a billing issue you can call the Medi-Cal Ombudsman at: 1-888-452-8609.

Reminder: If you don't choose to join a Cal MediConnect plan, you MUST join a Medi-Cal Managed Care plan to receive your Medi-Cal benefits whether or not you receive Long-Term Services and Supports.

♥ Program of All-Inclusive Care for the Elderly—PACE

What is PACE?

PACE plans cover all Medicare and Medi-Cal benefits. In a PACE plan, you work with a team of PACE providers to get your care. Services are provided at PACE centers, and in your home. Transportation is provided to and from the PACE center and to any off-site medical appointments.

You have to meet certain requirements to join a PACE plan, including where you live, your age, and review of your health care needs by a specialized PACE plan team. If you choose PACE, you must still select a Cal MediConnect or Medi-Cal Managed Care plan in case you do not qualify for PACE.

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



PACE Benefits

Medical Services

Program of All-Inclusive Care for the Elderly (PACE) plans cover all medical services and benefits covered under Medicare and Medi-Cal. These include:

- Doctor visits, including specialists
- Hospital care and surgeries
- Medical tests (such as X-rays and blood tests)
- Emergency and urgent care
- Procedures (such as biopsies and colonoscopies)
- Vision and dental services
- Prescription drugs
- Preventive care (such as vaccines and check-ups)
- Physical, occupational, and speech therapy
- Home health care
- Medical equipment and supplies

Long-Term Services and Supports

- **Adult Day Health Care** services like recreational activities and personal care
- **Personal care services** to aid with bathing, dressing, and other help to live safely in your home. This is like IHSS, 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 the PACE centers
- **Nursing home care** in short-term rehabilitation and long-term custodial care
- **Social Services** such as counseling, family support, and help with benefits

Other PACE Benefits

- **Transportation** to and from the PACE centers and outside medical appointments



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



Your Health Plan Decision

How to Choose a Health Plan

Step 1: Find the Plan That Fits Your Needs

Cal MediConnect - Do you want to get your Medicare and Medi-Cal benefits, including LTSS and your prescription drugs, together in one plan? Do you want a Care Coordinator, like a nurse or other licensed professional, to talk with you about other covered benefits that are available to you, and help connect you to services in your community, such as food, caregiver support, or in-home services? Do you want a care plan created just for you so you get the best care possible? Do you need additional vision care benefits that include glasses? Would you like a variety of choices in transportation to take you to the pharmacy or to your doctor's visits? If yes, a Cal MediConnect health plan may be the best choice for you.

Medi-Cal Managed Care Plan with Long-Term Services and Supports Do you want to keep your Medicare and Medi-Cal separate? If yes, then a Medi-Cal Managed Care plan may be right for you.

Program of All-Inclusive Care for the Elderly (PACE) - Do you want to visit a PACE centers during the day to see a doctor, get nursing care and therapy services, receive meals and join activities? Do you want to have all of your Medicare and Medi-Cal benefits in one plan? If you think you may qualify, you may choose PACE. A PACE plan representative will contact you for an assessment and to begin the process for enrollment. You must still choose a Cal MediConnect plan or a Medi-Cal health plan, in case you do not qualify to join PACE.

Step 2: Connect Your Health Plan to Your Provider

List your doctors, providers and care needs.

Ask the health plans in your county if they work with your providers. Also ask if they cover your prescription drugs and medical equipment. Your health plan should have provider directories available online, or you can call them directly. Health plan phone numbers are listed in the back of this Resource Guide. Even if your providers are not currently working with a plan, you have the right to request "Continuity of Care" which may allow you to continue seeing your doctors.

Step 3: Ways to Make a Health Plan Choice

When you have decided on a plan, please choose one of the following options to enroll into your health plan.

■ 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.

Someone who speaks in your language, can help you enroll in a health plan or change your health plan.

You can get recorded information at any time by calling Health Care Options. Information is available in English and Spanish on how to fill out forms and enroll into a health plan. During business hours, you can choose to speak with a customer services representative.

■ Visit Health Care Options in Person

You can visit a Health Care Options presentation site and speak to someone in person.

- To find the nearest location, contact Health Care Options: **1-844-580-7272**. TTY users, call 1-800-430-7077
- Visit healthcareoptions.dhcs.ca.gov and click the 'Presentation Sites' link.

■ Mail in Your Health Plan Choice Form

Complete the Health Plan Choice Form and mail it in the postage paid envelope provided.

For free, in-person counseling, contact the Health Insurance Counseling and Advocacy Program (HICAP)

HICAP provides free and objective information and counseling on health plans. Call: 1-800-434-0222 or visit: aging.ca.gov/hicap

Getting Accessible Care

If you have a disability, ask your health plan about providers who can work with your needs. Some providers have:

- Specially designed exam rooms, tables, and weight scales
- Accessible parking
- Curb cuts and ramps
- Doors wide enough for a wheelchair or scooter

KNOW THE SIGNS

Accessibility codes found in provider directories:

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

Working with Your Health Plan

You should learn how to use your health plan as soon as you become a member. Read all the information your health plan sends you. Call your health plan's Member Services Department and ask any questions.

What if:

- I am no longer happy with the doctor I am going to?
- I disagree with my doctor about what is best for my family or me?
- My doctor denies or delays my request to see a specialist, to have more visits, or to get certain medicines?
- My health plan doctor denies or limits medical services?
- My health plan reduces or stops a service that I was getting before I changed plans?
- I received a "Notice of Action" that takes away a treatment I've been getting?

You have a right to do any or all of these:

- **Change Your Health Plan**
Call Health Care Options at:
1-844-580-7272 (TTY:1-800-430-7077)
Monday through Friday, from 8:00 a.m. to 5:00 p.m.
Complete the Choice Form and follow the mailing instructions if you would like to change your health plan.
- **File a Complaint or Grievance with Your Health Plan**
Call the health plan's Member Services Department for assistance.

If a Member Services representative cannot help you, ask them to mail you a grievance form. Your doctor will also have grievance forms. You can also send your grievance in a letter to your health plan.

Complete the grievance form and mail the original to the health plan's Member Services Department (*keep a copy for your records*).

A complaint or grievance can be filed over the phone or online. Contact your plan to learn how.

Your health plan will review your grievance and will answer within 30 days. If waiting 30 days will harm your health, explain why in your grievance. They may answer within 3 days.

- **If you are a Cal MediConnect member:** You can report the problem to the Cal MediConnect Ombudsman. Call 1-855-501-3077, Monday through Friday, from 8:00 a.m. to 5:00 p.m.
- **If you are a Medi-Cal Managed Care member:** You can report the problem to the Medi-Cal Managed Care Office of the Ombudsman. Call 1-888-452-8609, Monday through Friday, from 8:00 a.m. to 5:00 p.m.
- **Report the Problem:** Call the California Department of Managed Health Care's Help Center, at 1-888-466-2219, Monday through Friday, from 8:00 a.m. to 6:00 p.m.

Your Rights and Responsibilities

Problem Solving

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

File an Appeal

You can file an appeal anytime your health plan denies, reduces, or ends services you think you should have. The health plan will review your service needs and will send you a letter with a decision. If your appeal is about the plan stopping or reducing services, you can keep getting the service while the appeal is being decided—this is often called “aid paid pending.”

If your health plan denies, reduces, or ends services, they will send you a letter telling you how to appeal. You also can appeal if your plan does not cover drugs your doctor has prescribed. The pharmacist will give you information on how to ask for an appeal.

File a Medicare Appeal, Including Denied 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](https://www.medicare.gov)

Ask for a State Fair Hearing for Medi-Cal Benefits

You don't have to file an appeal with your plan for Medi-Cal benefits. For problems with Medi-Cal benefits that are denied, reduced, or stopped, you can ask for a State Fair Hearing. You can ask for this

hearing up until 90 days after the date that your Medi-Cal benefits were denied, reduced, or stopped. 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 (TTY: 1-800-952-8349).

File an Independent Medical Review for Medi-Cal Benefits with the Department of Managed Health Care

If your plan denied your appeal for Medi-Cal benefits, you can ask for an Independent Medical Review (IMR) within 6 months after your grievance has been denied. If you need to have your case heard quickly, you may be able to have an IMR without starting with a plan appeal. You cannot file an IMR for a Long Term Services and Supports (LTSS) denial. If you have already had a State Fair Hearing on the same issue, you cannot file an IMR. If you haven't had a State Fair Hearing, and are unsatisfied with the result of the IMR, if time allows, you can still ask for a State Fair Hearing. For more help, you can call the California Department of Managed Health Care Help Center at 1-888-466-2219. TTY users should call 1-877-688-9891. More information can be found at: dhcs.ca.gov/

For More Help

Your health plan must provide clear information on how to file an appeal. If the plan's explanation is confusing, you can ask for more help.

- **Cal MediConnect Members:**
Cal MediConnect Ombudsman:
1-855-501-3077
- **Medi-Cal Managed Care Members:**
Medi-Cal Managed Care Office of the Ombudsman: 1-888-452-8609

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 prescription drugs covered by a health plan.

Grievance

A way to write or tell the health plan about your unhappiness with your provider or medical care service.

Medi-Cal

What the Medicaid program is called in California. Medicaid is a government insurance program for people 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

The ability of a new health plan member to continue to receive Medicare 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

The agency responsible for processing plan enrollment and dis-enrollments in all counties except Orange and San Mateo County.

Health Risk Assessment

Health plans use a survey to learn about your health and decide what care you need.

Member

A person enrolled in a 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 D provides coverage for most prescription drugs.

Preferred Drug List

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

Primary Care Provider

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.

Cal MediConnect Plans

Cal MediConnect health care plans are listed below. Look at the health plans available in your area. For more information, call the toll-free plan number or visit the plan website. All plans listed below cover both Medicare and Medi-Cal Long-Term Services and Supports.

Los Angeles County

Health Net Cal MediConnect

1-888-788-5395

TTY: 711

healthnet.com/calmediconnect

L.A. Care

1-888-522-1298

TTY: 711

calmediconnectla.org

CareMore

1-888-350-3447

TTY: 711

duals.caremore.com

Care1st

Cal MediConnect Plan

1-855-905-3825

TTY: 711

care1st.com/ca/calmediconnect

Molina Dual Options

1-855-665-4627

TTY: 711

molinahealthcare.com/duals

Riverside and San Bernardino Counties

IEHP Dual Choice

1-877-273-IEHP (4347)

TTY: 1-800-718-4347

iehp.org

Molina Dual Options

1-855-665-4627

TTY: 711

molinahealthcare.com/duals

Orange County

Cal Optima OneCare Connect

1-855-705-8823

TTY: 1-800-735-2929

caloptima.org

People with Medi-Cal in Orange 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.

San Diego County

Care1st

Cal MediConnect Plan

1-855-905-3825

TTY: 711

care1st.com/ca/calmediconnect

CommuniCare Advantage

1-888-244-4430

TTY: 1-855-266-4584

chgsd.com

Health Net Cal MediConnect

1-888-788-5805

TTY: 711

healthnet.com/calmediconnect

Molina Dual Options

1-855-665-4627

TTY: 711

molinahealthcare.com/duals

San Mateo County

Care Advantage CMC

1-866-880-0606

TTY: 1-800-735-2929 or 711

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.

Santa Clara County

Santa Clara Family Health Plan Cal MediConnect

1-877-723-4795

TTY: 1-800-735-2929

scfhp.com

Anthem Blue Cross

1-888-350-3532

TTY: 711

duals.anthem.com/ca

Medi-Cal Managed Care Plans

Medi-Cal Managed Care health plans are listed below. Look at the health plans available in your area. For more information call the toll free plan number or visit the plan website. All plans listed below cover Medicare and Medi-Cal Long-Term Services and Supports.

Los Angeles County

Health Net

1-800-327-0502
TTY: 1-800-431-0964
healthnet.com

Molina Health Plan

1-888-665-4621
TTY: 1-800-479-3310
molinahealthcare.com

L.A. Care

1-888-839-9909
TTY: 1-866-522-2731
lacare.org

Anthem Blue Cross

1-800-407-4627
TTY: 1-888-757-6034
anthem.com

Care1st

1-800-605-2556
TTY: 1-800-735-2929
care1st.com

Kaiser Permanente

1-800-464-4000
TTY: 1-800-777-1370
healthy.kaiserpermanente.org

Orange County

CalOptima

1-888-587-8088
TTY: 1-800-735-2929
caloptima.org

Riverside and San Bernardino Counties

Inland Empire Health Plan (IEHP)

1-800-440-4347
TTY: 1-800-718-4347
iehp.org

Kaiser Permanente

1-800-464-4000
TTY: 1-800-777-1370
healthy.kaiserpermanente.org

Molina Health Plan

1-888-665-4621
TTY: 1-800-479-3310
molinahealthcare.com

Health Net

1-800-327-0502
TTY: 1-800-431-0964
healthnet.com

San Diego County

Care1st Health Plan

1-800-605-2556
TTY: 1-800-735-2929
care1st.com

Community Health Group

1-800-224-7766
TTY: 1-800-735-2929
chgsd.com

Health Net

1-800-327-0502
TTY: 1-800-431-0964
healthnet.com

Molina Health Plan

1-888-665-4621
TTY: 1-800-479-3310
molinahealthcare.com

Kaiser Permanente

1-800-464-4000
TTY: 1-800-777-1370
healthy.kaiserpermanente.org

San Mateo County

Health Plan of San Mateo

1-800-750-4776
TTY: 1-800-735-2929
hpsm.org

Santa Clara County

Santa Clara Family Health Plan

1-800-260-2055
TTY: 1-800-735-2929
scfhp.com

Kaiser Permanente

1-800-464-4000
TTY: 1-800-777-1370
healthy.kaiserpermanente.org

Anthem Blue Cross

1-800-407-4627
TTY: 1-888-757-6034
anthem.com

Program of All-Inclusive Care for the Elderly – PACE

PACE health plans are listed below. For more information, call the toll-free plan number or visit the plan website. All plans listed below cover Medicare and Medi-Cal Long-Term Services and Supports.

Los Angeles County

Altamed Senior BuenaCare

1-877-462-2582

TTY: 1-800-735-2922

altamed.org/seniorservices

Call this PACE center if you live in these cities:

Alhambra, Arcadia, Baldwin Park, 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

Los Angeles County

Brandman Centers for Senior Care

1-855-744-8444

TTY: 1-818-774-3194

brandmanseniorcare.org

Call this PACE center if you live in these 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

Orange County

CalOptima PACE

1-714-468-1100

1-855-785-2584

TTY: 1-714-468-1063

caloptima.org/en/Members/PACE.aspx

Call this PACE center if you live in these cities:

Anaheim, Brea, Buena Park, Costa Mesa, Cypress, Fountain Valley, Fullerton, Garden Grove, Huntington Beach, Midway City, La Palma, Los Alamitos, Orange, Placentia, Rossmoor, Santa Ana, Seal Beach, Stanton, Tustin, Villa Park, Westminster, and Yorba Linda

Riverside and San Bernardino Counties

InnovAge PACE

1-909-366-4230

1-877-653-0015

TTY: 1-855-853-3294

myinnovage.org/ProgramsandServices/InnovAgeGreaterCalifornia-PAACE.aspx

San Diego County

St. Paul's PACE

1-619-271-7100

1-619-677-3800

TTY: 1-800-735-2922

stpaulspace.org

San Diego PACE

1-619-205-4585

1-844-473-7223

TTY: 1-800-735-2922

syhc.org/sdpace/

Santa Clara County

On Lok Lifeways

1-415-319-6661

1-888-886-6565

TTY: 1-415-292-8898

onlok.org

Medicare and Medi-Cal Resources

For Help or More Information on Enrollment

Health Care Options

1-844-580-7272

TTY: 1-800-430-7077

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

hpsm.org

If You Live in Orange County

OneCare Connect

1-855-705-8823

TTY: 1-800-735-2929

caloptima.org

HICAP (Health Insurance Counseling and Advocacy Program)

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

1-800-434-0222

aging.ca.gov/hicap

For Questions About Medicare Coverage and Services

Medicare

1-800-MEDICARE

1-800-633-4227

TTY: 1-877-486-2048

medicare.gov

If You Have a Problem with Your Health Plan

California Department of Managed Health Care Help Center

Help if you have a problem with your Medi-Cal services.

1-888-466-2219

TTY: 1-877-688-9891

Cal MediConnect Ombudsman

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

1-855-501-3077

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

Disability Rights California

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

1-800-776-5746

TTY: 1-800-719-5798

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

hsag.com/camedicare

If you or your family members have any questions, call Health Care Options, toll-free at the numbers listed below:

Representatives are available Monday – Friday 8:00 a.m. to 5:00 p.m.

English

1-844-580-7272

Written materials are available

فارسی

Farsi

1-844-580-7272

مطالب به زبان های زیر موجود است:

Español

Spanish

1-844-580-7272

Se dispone de material escrito

اللغة العربية

Arabic

1-844-580-7272

تتوفر معلومات مطبوعة

Hmoob

Hmong

1-844-580-7272

Cov lus uas sau hauv ntawv los muaj thiab

Tagalog

Tagalog

1-844-580-7272

May mga nakasulat na materyales

Հայերեն

Armenian

1-844-580-7272

Գրավոր նյութեր գոյություն ունեն

한국어

Korean

1-844-580-7272

서면 자료의 이용이 가능합니다

Tiếng Việt

Vietnamese

1-844-580-7272

Có các tài liệu dưới dạng văn bản

ភាសាខ្មែរ

Cambodian

1-844-580-7272

មានផ្តល់ឯកសារសរសេរជាលាយលក្ខណ៍អក្សរ

國語

Mandarin

1-844-580-7272

可以提供書面材料

Other Languages

1-844-580-7272

粵語

Cantonese

1-844-580-7272

可以提供書面材料

Русский

Russian

1-844-580-7272

Доступны материалы в письменном виде

TTY

1-800-430-7077



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