

Who Can Join a Cal MediConnect Health Plan?

Cal MediConnect combines the benefits you get from Medicare and Medi-Cal into a single plan. You can join a **Cal MediConnect** health plan if you have both Medicare and Medi-Cal (meaning you are a dual-eligible beneficiary, also known as Medi-Medi).

What is in this toolkit?

- Learn about the benefits of a Cal MediConnect health plan.
- Learn how to use your benefits.
- Learn how to choose a plan.

What are some reasons to join a Cal MediConnect health plan?

- You can get a care coordinator who will help you get the services you need.
- You can get help with medical transportation.
- You have only one card to carry and one phone number to call.
- You have vision benefits (eye exams and glasses).
- You will get the home- and community-based services you need.



What is care coordination?

Cal MediConnect can provide you with a care coordinator. This can be a nurse or other health care professional. He or she will be your point of contact to arrange your care and help you get all the services you need.

What Is Cal MediConnect?

Cal MediConnect is a new kind of health plan. It combines all your Medicare and Medi-Cal benefits into a single plan. This makes it simpler for you to get the services you need. It also helps you live independently.

Cal MediConnect health plans coordinate all your health care needs, including:

- Medical and vision care.
- Mental health care.
- Home- and community-based services (such as In-Home Supportive Services and Adult Day programs).
- Prescription medicines.
- Medical equipment and supplies.
- Substance abuse programs.

Cal MediConnect health plans make it easier for you to manage your health. These plans also offer vision care, care coordination, and some extra benefits.



Who can join Cal MediConnect?

You can join if:

- You have both Medicare and Medi-Cal.
- You live in one of these counties:
 - Los Angeles
 - Orange
 - Riverside
 - San Bernardino
 - San Diego
 - San Mateo
 - Santa Clara

Joining is free.

- To join, call Health Care Options at 1-844-580-7272, Monday–Friday, from 8:00 am to 5:00 pm.
- TTY users can call 1-800-430-7077.
- When you call, you can talk to someone who speaks your language and can help you enroll.
- You can also call the plan directly.



What Benefits and Services Will I Get in Cal MediConnect?

With Cal MediConnect, you get a single health plan that provides all your Medicare and Medi-Cal benefits. This includes medicines, equipment, and supplies. Cal MediConnect plans offer services like vision and care coordination. Some plans provide extra dental benefits.



Medicines, equipment, and supplies

Cal MediConnect will cover and coordinate all your prescriptions and medical supplies and equipment. Tell the plan if there is something you need but are not getting.

Getting care is simple.

When you have questions or need help, you only need to call one phone number. And to get services, you only need one card—your Cal MediConnect card.



Dental benefits

Some plans offer extra dental services. Ask the plan about dental benefits.

You can get a personal care coordinator.

Your plan may assign you a personal care coordinator or you may request one. This is a nurse or other health care professional. He or she will make sure that your doctors, pharmacists, and other providers work together to help you take care of your health. You can plan your care with your care coordinator. Your family or friends can be involved if you want. Your care coordinator will also:



Optional benefits

Some plans offer new benefits that will make it easier to live independently, such as wheelchair ramps in your home or grab bars in your shower. Tell your plan what you need.

- Ask you what you need and try to help you get it.
- Be available for you to call and ask questions.
- Arrange for services you may need to help you live independently (such as meal delivery and help with personal care).
- Help you make appointments, arrange transportation, obtain authorizations, and check on prescriptions.
- Help you find the right providers.

How Does Cal MediConnect Coordinate My Care?

Cal MediConnect helps you get the care you need. And getting care is easier.

To start, you'll get a Health Risk Assessment.

- After you join, your Cal MediConnect health plan will contact you.
- They will ask questions to learn about your health history and your current and future health care needs. This is known as a health assessment.
- You can do the assessment in person, over the phone, or by mail. It is up to you!

Your health plan may give you a personal care coordinator.



A care coordinator is an experienced person who helps with your health care. A care coordinator can:

- Answer questions about the services you are getting or may need.
- Connect you to community services, such as Meals on Wheels.
- Help you find a doctor, get authorizations, and make appointments.
- Help you arrange transportation to see your doctor or pick up prescriptions.
- Help you solve any problems you may have with your health plan, doctor, or care coordination.
- Help you give your doctors the right information.



Your care team works together to give you coordinated care.

Your care team is a group of doctors and other providers. They share information about your health and work together to give you the care you need. Your team is put together based on your needs. It includes you, your care coordinator, and your primary care provider.

- Your care team may also include: specialists, family members, caregivers, In-Home Supportive Services, case workers, and other providers.

Your care team works with you to create your care plan.

You and your care team create a care plan just for you. Your care plan includes the services you want and need. It helps your providers understand your health needs, goals, and wishes. Your final care plan must be approved by you.

What Other Services Does Cal MediConnect Offer?

Long-Term Services and Supports (LTSS)

Your LTSS services and providers will not change under Cal MediConnect. LTSS includes In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), and nursing home care.

- Cal MediConnect will coordinate and pay for all LTSS services.
- Joining Cal MediConnect does not reduce your IHSS hours. In fact, your health plan may ask the county to reassess your needs. This may lead to more IHSS hours. You can still hire, fire, and manage your IHSS providers.
- If you are in a nursing home, you will not have to change it unless your health plan is concerned about the quality of care you get there.

Language Services

Your health plan must provide assistance in your language. Ask your plan and providers for an interpreter and documents in your language. Also ask them to note this in your medical record.

- If you speak American Sign Language (ASL), you have the right to a sign language interpreter.
- Language assistance includes medical interpreters (by phone, video conference, or in person). It also includes printed materials in your language.
- Your plan may also have providers and staff who speak your language.
- You do not have to pay for Cal MediConnect interpreters.

Prescription Drugs

Will I still need my Medicare Part D plan?

No, all medicines will be covered by Cal MediConnect. If you had a Part D plan before, you will get a letter stating that your prescriptions will be provided by your Cal MediConnect health plan. This does not mean you are losing your prescription benefits.

How can I make sure I won't run out of medicine when I am changing to Cal MediConnect?

When you first join Cal MediConnect, your care coordinator will help make sure that you have at least a 30-day supply of your medicines. That way, you won't run out as you move to your new plan.

Will I be able to get all the same medicines I had before?

All Cal MediConnect plans cover the same prescription medicines as Medicare Part D, but the brand names may be different. Your plan will help make sure you get the medicine you need.

Medical Supplies
When you join, your plan will make sure you keep getting your medical supplies without a gap.

How Does Cal MediConnect Work?

A Cal MediConnect health plan is a type of managed care health plan. This fact sheet will explain what that means and how to get the most out of this type of plan.

What is a managed care health plan?

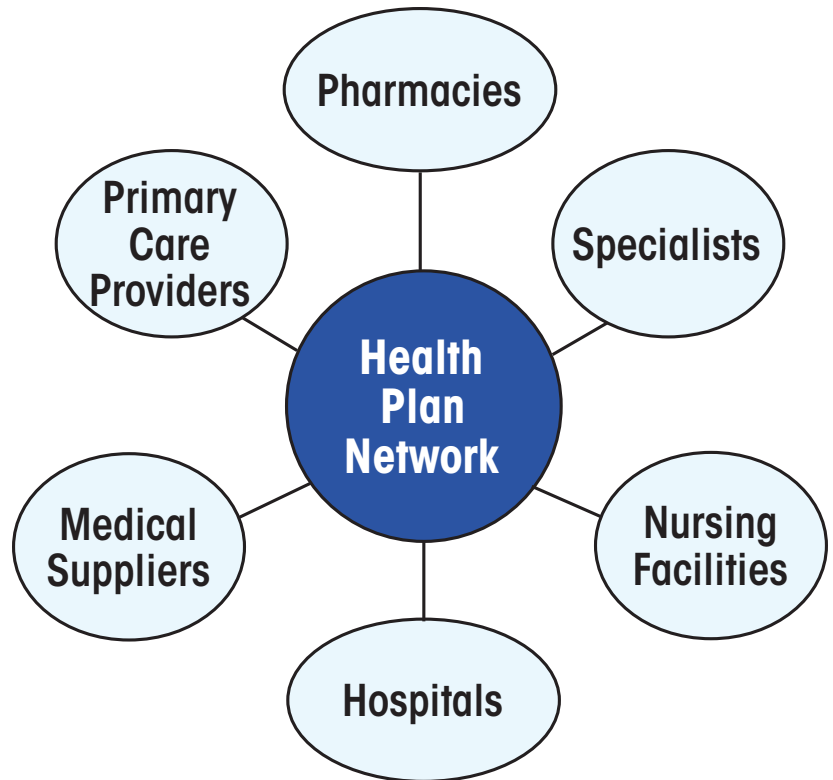
It's a plan that coordinates provider services, medicines, hospital care, and special equipment to help you manage your health.

What is a provider network?

The network is a specific group of health care providers, including: 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.

What is a provider group?

A provider group (also known as a clinic or medical group) is a set of health care providers who work together. They may be in the same office or they may have multiple offices. The Cal MediConnect health plan you choose may require you to get all your care from the same provider group. The health plan can tell you if this is the case.



What do I need to know about networks?

- You must use the providers in your health plan's network.
- Providers who are not in your health plan's network are called out-of-network providers.
- You may also need to use providers in the same group, depending on your health care plan.
- You can choose another provider group within the plan's network.

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How can I make an appointment with a provider in my managed care plan?



- If you have seen the provider in the past, call the office directly to make an appointment.
- If you are new to your plan, call to get a list of providers in the network.
- You can ask your plan to help you choose a provider and make an appointment. If you are in a Cal MediConnect plan, your care coordinator can help you do this.
- If you are in a Cal MediConnect plan, you can also ask for help arranging transportation to and from your appointment.

What can I do if my plan will not cover a service that I need?



- If your health plan or provider denies, reduces, or stops your care, you can ask to have that decision reviewed and maybe changed. This is called filing an appeal. For example, you can file an appeal if you can't get a medicine that you need.
- You can also file an appeal if your health plan won't pay for a service, medical supply, or prescription drug that you already have received.
- Call your health plan to ask how to file an appeal.

What is prior authorization?



When you or your provider request a service (including treatments and prescriptions), your health plan may review the request. The plan then decides whether you need the service before it agrees to pay. The plan either approves or denies the request in writing. This is known as prior authorization or pre-approval.

How can I make the most of my appointment?

- Make sure you have your benefit identification card or cards with you when you go to your appointment. This includes your Medi-Cal and Medicare cards. If you are in a Cal MediConnect plan, you will have only one card.
- Bring a list of questions to discuss with your provider.
- If you want, have a family member or caregiver go with you to the appointment.
- If you are taking any medicines, bring a list of them with you. If you are in a Cal MediConnect plan, call and tell them about your medicines. The plan will tell your providers.
- If needed, make a follow-up appointment before leaving.
- If you are in a Cal MediConnect plan, you can contact the plan with your questions or concerns between visits.

Can I Keep My Doctors and Other Providers?

If you join a Cal MediConnect health plan, your providers (including your primary provider) must be in that plan. This is called the plan's network.

Find out if your doctors are part of Cal MediConnect.

If you have doctors that you know and trust, find out if they are in a Cal MediConnect health plan. To find out, you can:

- Call the Cal MediConnect health plans in your county to ask if your doctors are in their networks.
- Visit the Cal MediConnect health plans' websites to view provider and pharmacy directories.
- Ask your doctors if they are in a Cal MediConnect plan.
- Call HICAP at 1-800-434-0222. They can help you find out if your doctors are in a Cal MediConnect plan. HICAP is the Health Insurance Counseling & Advocacy Program.

If your doctors ARE part of Cal MediConnect:

- Make sure you join the same Cal MediConnect health plan that your doctors are part of.



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Have a question? Call HICAP at 1-800-434-0222.

Can I Keep My Doctors and Other Providers?

If your doctors are NOT part of Cal MediConnect, you can:

- Work with your care coordinator to choose doctors in your plan's network.
- You may be able to keep seeing your current doctors for a while after you join Cal MediConnect. This is called "continuity of care."
- Ask your doctor if he or she would consider joining a Cal MediConnect health plan.

What are the different types of providers?

- **Primary Care Provider:** A health care provider that gives you basic care and refers you to other providers. He or she can be a family doctor, a nurse practitioner, or physician's assistant.
- **Specialist:** This is a doctor who focuses on a specific area of medicine. Examples are cardiologists, oncologists, psychologists, and others.

How can I choose a primary care provider in my Cal MediConnect health plan?

As a Cal MediConnect member, you must have a primary care provider. Your health plan can help you choose one that meets your needs.

- You can choose one for yourself or the plan will choose one for you.
- If you do not like your primary care provider you can work with your health plan to find another one.
- Your primary care provider may belong to a medical or provider group. Your primary care provider will refer you to specialists in the same provider group to treat specific conditions.



How do I change my provider?

You should always have providers who you trust and who meet your needs.

- If you are not happy with your care, let your provider's office know your concerns.
- If you do not want to try another appointment with that provider, you may ask to see another in the same medical group. Or work with your health plan to find a new provider or new medical group.

What If My Doctors Are Not in My Cal MediConnect Plan?

You can keep your doctors. Tell your Cal MediConnect plan you want to make a “continuity of care” request.

If your doctor is NOT part of your Cal MediConnect health plan, you have a right called “continuity of care.”

You can continue to get care from your doctor for 12 months.

- If you want to keep seeing your doctors, make sure you had at least one visit with him or her in the last 12 months.
- Your doctor must be willing to work with the Cal MediConnect plan and accept payment from the plan.
- Your doctor must not be kept out of the plan's network for quality or other concerns.



How do I ask for continuity of care?

Before you choose a Cal MediConnect health plan, call the plan or HICAP (1-800-434-0222) to see if your doctors are in the network.

If one of your doctors is NOT in the network:

1. Call your Cal MediConnect health plan and tell them about the care you have scheduled with your doctor.
2. Tell your plan that you want to keep seeing your doctor. The doctor must agree to work with the plan network. Your doctor or authorized representative can make the continuity of care request.

Continuity of care is temporary.

If your doctor does not join Cal MediConnect, you will need to change to a doctor in the Cal MediConnect network. You will have to do this by the end of the 12-month period. Your health plan and care coordinator can help you with this change.

If your doctor does not join Cal MediConnect, you will need to change doctors. But you have the right to keep getting the services you need.

Will Joining Cal MediConnect Affect My IHSS or Other Support?

If you receive In-Home Supportive Services, you can keep your IHSS provider and hours when you join a Cal MediConnect health plan.

In-Home Supportive Services (IHSS)

With Cal MediConnect, you keep your right to hire, fire, and manage your IHSS providers.

Nursing Homes

If you are in a nursing home, you can stay as long as the nursing home meets quality and safety standards. If you wish to move into your own home or a family member's home, Cal MediConnect can help you get the services you need to live there safely.

If you decide not to join Cal MediConnect:

You will still need a Medi-Cal managed care plan. The plan will coordinate your IHSS and other long-term services and supports.



Talk to your plan or care coordinator if you need more hours or additional services.



Your Cal MediConnect care coordinator can help you arrange the services you need.

Know Your Rights and Responsibilities

As a member of a health plan, you have rights and responsibilities. You have these rights in all Cal MediConnect, Medi-Cal managed care, or PACE plans.

You have the right to:

- Be treated with dignity, free from discrimination on the basis of race, national origin, age, or gender.
- Get timely access to medically-necessary services.
- Be told where, when, and how to get needed services.
- Take part in decisions about your care, including the right to refuse treatment or to choose someone to make decisions for you.
- Be treated by providers who have experience and expertise in your condition.
- Have your medical records, care plan, and treatment kept private.
- Get a copy of your medical records and care plan.
- Hire, fire, and manage your IHSS provider.
- Have someone help you receive the health care you need.
- Accessible care if you have a disability—including braille or large print, if wanted.
- Language services, including interpreters and documents in another language, if wanted.
- File an appeal for services that are denied or reduced, and file a grievance (complaint) about your health plan.

You have the responsibility to:

- Use providers in your health plan's network.
- Work with your provider and health plan to get prior authorization (pre-approval) for needed services.
- Tell your health plan about your care needs and concerns.
- Tell your health plan and your county Medi-Cal office about any changes in your contact information.



For more information about all of your rights, call the California Consumer Assistance Program at 1-888-466-2219.

Thinking About Joining Cal MediConnect?

Here are four things you need to know before you switch to Cal MediConnect.

1 Find the plans available in your area. Look at the list on sheet 12 to find the names and phone numbers of the health plans in your county.

2 Find out if your health care providers belong to a Cal MediConnect plan.

3 Find out how you would get prescriptions and medical supplies and equipment.

4 If a Cal MediConnect plan will meet all or most of your needs, you can join by calling Health Care Options at 1-844-580-7272. You can also call the plan directly.



Cal MediConnect Health Plans

12

Use the numbers here to contact the health plans in your county.

Los Angeles County

Plan Name	Phone Number	TTY
Anthem Blue Cross Cal MediConnect	1-888-350-3447	711
Blue Shield Promise Cal MediConnect Plan	1-855-905-3825	711
Health Net Cal MediConnect	1-888-788-5395	711
L.A. Care Cal MediConnect	1-888-522-1298	711
Molina Dual Options	1-855-665-4627	711

Orange County

Plan Name	Phone Number	TTY
OneCare Connect Cal MediConnect Plan	1-855-705-8823	1-800-735-2929

Riverside County

Plan Name	Phone Number	TTY
IEHP DualChoice	1-877-273-4347	1-800-718-4347
Molina Dual Options	1-855-665-4627	711

San Bernardino County

Plan Name	Phone Number	TTY
IEHP DualChoice	1-877-273-4347	1-800-718-4347
Molina Dual Options	1-855-665-4627	711

San Diego County

Plan Name	Phone Number	TTY
Blue Shield Promise Cal MediConnect Plan	1-855-905-3825	711
CommuniCare Advantage	1-888-244-4430	1-855-266-4584
Health Net Cal MediConnect	1-888-788-5805	711
Molina Dual Options	1-855-665-4627	711

San Mateo County

Plan Name	Phone Number	TTY
CareAdvantage CMC	1-866-880-0606	711

Santa Clara County

Plan Name	Phone Number	TTY
Anthem Blue Cross Cal MediConnect	1-855-817-5785	711
Santa Clara Family Health Plan	1-877-723-4795	711

Have a question? Call HICAP at 1-800-434-0222.

What if I Decide Not to Join Cal MediConnect?

Joining Cal MediConnect is voluntary. This means it is your choice to join. If you choose not to join Cal MediConnect, you will have two options. These are listed on the right.

If you do not join Cal MediConnect:

- You can keep your original Medicare or Medicare Advantage plan.
- You must have a Medi-Cal managed care plan to get your Medi-Cal services. **If you don't have a Medi-Cal managed care plan, you must join one or one will be chosen for you.**
- Your home- and community-based services will be coordinated by the Medi-Cal managed care plan you join.



Option 1:

Pick a Medi-Cal Managed Care Plan and Your Medicare Stays the Same

If you choose not to join Cal MediConnect, you can continue to receive Medicare services as you do today. But you will need to join a Medi-Cal managed care plan, if you aren't already in a plan. This is so you can get Medi-Cal benefits, such as personal care services, transportation, and supplies.

For more information on Medi-Cal managed care plans, see fact sheet number 14 in this toolkit.

Option 2:

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

To join a PACE health plan, you must have one in your zip code. You must also:

- Have both Medicare and Medi-Cal.
- Be 55 or older.
- Be able to live safely in your home or in a community setting.
- Meet the requirements for a nursing facility. The PACE organization will determine if you meet these requirements, and the Department of Health Care Services will approve the decision.

For more information about PACE, visit www.calpace.org or call 1-855-921-PACE (7223).

Options: Joining a Medi-Cal Managed Care Plan

If you do not join Cal MediConnect, you must have a Medi-Cal managed care plan or a PACE plan. This fact sheet is about Medi-Cal managed care plans.

Your Medicare benefits will not change.

When you have a Medi-Cal managed care plan, your Medicare benefits won't change. You can still go to your Medicare hospitals and providers. They do not have to contract with your Medi-Cal plan to be paid for the services they provide you. If you have problems getting your Medicare services, call **1-800-MEDICARE (1-800-633-4227)** immediately. Or call your Medicare plan, if you are in one.

What will change when I have a Medi-Cal managed care plan?

The Medi-Cal managed care plan will manage all of your long-term services and supports (LTSS). If you receive Medi-Cal covered medical supplies and equipment, such as insulin pumps, the plan must provide these. However, you must get them from suppliers in the plan's network.

Will I be charged for my Medi-Cal LTSS or my Medicare services?

You should not receive a bill for your LTSS or Medicare services. Billing you is called "improper billing." This is illegal under both federal and state law. You are not responsible for co-pays, co-insurance, or deductibles for any Medi-Cal or Medicare services you receive.

There are only 2 exceptions when it is OK for you to be billed:

- Your Medicare prescription drug plan can charge you drug co-pays at the Extra Help level.
- Some people with Medi-Cal pay a monthly share-of-cost.

For information about share-of-cost, call your county Medi-Cal office.

These services will NOT change when you have a Medi-Cal managed care plan.

- In-Home Supportive Services (IHSS)
- Community-Based Adult Services (CBAS)
- Multipurpose Senior Services Program (MSSP)
- Nursing facility services

You always have the right to hire, fire, and manage your IHSS providers.



What If I Get a Bill from a Health Care Provider?

You may receive medical bills that you do not have to pay. Get the facts here, so that you don't pay these bills.

What should I know about improper billing?

If you have Medicare and Medi-Cal, health care providers and health plans cannot charge you for your health care costs. Charging you is called "improper billing" and is illegal under both federal and state law.

- Under the law, you cannot be charged for co-pays, co-insurance, or deductibles.

The only exceptions (when it is OK to charge you) are:

1. Co-pays for prescription drugs.
2. Some Medi-Cal beneficiaries need to pay a monthly share-of-cost. For information about share-of-cost, call your county Medi-Cal office.

What should I do if I get a bill from one of my health care providers?

1. Do not pay the bill.
2. Contact your health plan immediately to deal with the issue. You can also contact HICAP to get help.
3. Contact your health care provider and tell them that you have Cal MediConnect and should not be billed. Tell them to contact your health plan.

Your provider must take immediate action to fix the issue. They must stop the bill collection process and work with credit reporting agencies to correct any issues caused by billing you.

Why would a provider bill me for services?



As the responsibility for paying for your health care switches from Medicare to your Cal MediConnect health plan, providers may bill you incorrectly. The state is educating providers to prevent incorrect billing.

To learn more about improper billing, you or your provider can call the Cal MediConnect Ombudsman at **1-855-501-3077**.



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

What is PACE?

PACE is a program that provides coordinated medical care for people 55 and older with chronic illnesses or disabilities to help them live as independently as possible in their home and community. PACE health care teams coordinate medical, social, and home care services to help people meet their needs in their community instead of going to a nursing home or other care facility.

Does PACE Cover My Medicare and Medi-Cal Benefits?

PACE covers all your Medicare and Medi-Cal benefits. The PACE plan will coordinate all your health care needs, including medical care, mental health care, and home- and community-based services, using a team of dedicated health care professionals. PACE plans provide care and services in the home, the community, and in dedicated PACE centers. If you are eligible for Medi-Cal and Medicare, PACE services are covered at no additional cost.

What are the benefits of PACE?

- A team of health care professionals, including a doctor, nurse, social worker, physical and occupational therapists, and a dietician, work together to help you make health care decisions.
- A complete medical assessment every six months, or when there is a change in your medical condition.
- Support for your family members and other caregivers with caregiver training, support groups, and respite care to help families keep their loved ones in the community.
- PACE provides long term services and supports, including.

Who is eligible?

To be eligible for PACE you must:

- Be age 55 years old or older
- Live in a zip code served by PACE
- Need a high level of care for a disability or chronic condition
- Meet the level of care requirement for a skilled nursing facility
- Be able to live in the home safely

At the PACE Center

- Primary care services
- Social services
- Restorative therapies
- Personal care
- Supportive services
- Nutritional counseling
- Recreational therapy
- Meals
- Transportation to and from the PACE center

In the Home or Community

- Durable medical equipment
- Prescription drugs
- Dental, hearing, and vision services
- Mental and behavioral health services
- Nursing home care
- Non-medical transportation to from outside appointments
- Home care/personal care services
- Home health care
- Respite care

Will my providers change?

Yes. If you join a PACE program, your primary care doctors will be provided by PACE. Additionally, in place of your In-Home Supportive Services (IHSS), a trained and qualified PACE employee will coordinate all of your home-based medical and personal care services.

For more information, contact your county's PACE plan:

Los Angeles County

Plan Name	Phone Number	TTY	Online
AltaMed PACE	1-877-462-2582	1-800-735-2922	AltaMed PACE's website (www.altamed.org/pace)
Brandman Centers for Senior Care	1-855-774-8444	1-818-774-3194	Brandman Centers' website (www.brandmanseniorcare.org)
WelBeHealth PACE - Coastline	1-800-734-8041	1-800-735-2922	WelBeHealth PACE Coastline's website (www.welbehealth.com/coastline)
WelBeHealth PACE - Pacific	1-800-851-0966	1-800-735-2922	WelBeHealth PACE Pacific's website (www.welbehealth.com/pacific)

Orange County

Plan Name	Phone Number	TTY	Online
CalOptima PACE	1-855-785-2584	1-714-468-1063	CalOptima PACE's website (www.caloptima.org)

Riverside / San Bernardino County

Plan Name	Phone Number	TTY	Online
InnovAge PACE	1-877-653-0015	711	InnovAge PACE's website (www.innovage.com)

San Diego County

Plan Name	Phone Number	TTY	Online
Gary & Mary West PACE	1-760-280-2230	1-760-280-2279	Gary & Mary West PACE's website (www.westhealth.org)
San Diego PACE	1-619-662-4100	N/A	San Diego PACE (www.syhc.org/sdpacer)
St. Paul's PACE	1-619-271-7100	1-800-735-2922	St. Paul's PACE website (www.stpaulspace.org)

Santa Clara County

Plan Name	Phone Number	TTY	Online
On Lok PACE	1-855-973-1110	711	On Lok PACE's website (www.onlok.org/pace)

Have a question? Call HICAP at 1-800-434-0222.

Many of the terms in this toolkit may be new to you. To help guide you, we've partnered with the World Institute on Disability to provide the glossary below with commonly used terms. You can also access the Disability Benefits 101 Glossary at <http://ca.db101.org/glossary.htm>.

Appeal — If a health plan denies or reduces services, you have the right to appeal, which is a request for a review of the health plan decision. For help with appeals, contact the Ombudsman at 1-855-501-3077.

Beneficiary — A person who receives Medicare and/or Medi-Cal benefits.

Cal MediConnect health plans — Health plans that combine Medicare and Medi-Cal benefits into a single health plan.

Care Coordination — Making sure that your doctors, specialists, pharmacists, caregivers, case managers, and other providers all work together with you to take care of your health.

Choice Form — The form you fill out to choose or change your health plan. To get a choice form, contact Health Care Options at 1-844-580-7272.

Community-Based Adult Services (CBAS) — CBAS centers provide daytime health care, such as: nursing, therapy, activities and meals for people with certain chronic health conditions.

Coordinated Care Initiative (CCI) — A program to improve health outcomes and quality of life for beneficiaries with Medi-Cal as well as new options for those who are eligible for both Medicare and Medi-Cal. There are two parts to the CCI: Cal MediConnect and Medi-Cal Managed Long-Term Services and Supports (see those definitions for more information). The CCI is currently in seven counties in California: Los Angeles, Orange, Riverside, San Bernardino, Santa Clara, San Diego, and San Mateo.

Copayment (Copay) — A fixed amount you may have to pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You may also have a copay when you get a prescription filled.

Dual-Eligible Beneficiaries — People who receive both Medicare and Medi-Cal benefits and may be eligible for Cal MediConnect.

Enrollee — A person enrolled in a health plan.

Fee-for-Service (FFS) — When Medicare or Medi-Cal directly pays for the services you receive. Under fee-for-service, you do not have a health plan.

Grievance — A way to file a complaint about how a health plan has served you.

Health Plan — A group of doctors, specialists, clinics, pharmacies, hospitals, and long-term care providers that work together to meet your needs. 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 their health care.

Home and Community Based Services (HCBS) — Services and other supports that people with Medi-Cal can receive to help them stay in their home or community independently. HCBS includes: In-Home Supportive Services, the Multipurpose Senior Services program, and Community-Based Adult Services.

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In-Home Supportive Services (IHSS) — The IHSS program provides in-home care for people who cannot safely remain in their own homes without assistance. Caregivers can assist with meal preparation, house cleaning, personal care services (such as bathing), accompaniment to medical appointments, and other medical tasks (like injections or assistance with taking medications). Your county assesses your IHSS needs. Contact your county or health plan for more information.

Long-Term Services and Supports (LTSS) — Some people need LTSS to help them with activities of daily living. This help is called LTSS and can be provided in a facility or in the community. LTSS include a range of home and community based services such as In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), and Multipurpose Senior Services Program (MSSP), in addition to care in nursing facility services when needed.

Medi-Cal — California’s Medicaid program. Medi-Cal offers health coverage for low-income Californians.

Medicare — The federal health program that provides health coverage for people aged 65 and older, people younger than 65 with certain disabilities, and people with certain diseases. You may hear about the different parts of Medicare, including:

- Medicare Part A covers medical care while you are at the hospital or during a short-term stay in a nursing facility.
- Medicare Part B covers routine medical services such as doctor visits and preventative services. It also covers some home health care, durable medical equipment (such as walkers), and laboratory services and supplies (like insulin pumps).
- Medicare Part C is often called Medicare Advantage. It is a private health plan that provides both Medicare Part A and Part B coverage.

- Medicare Part D provides coverage for most prescription drugs through a private plan.

Multipurpose Senior Services Program (MSSP) — This program provides both social and health care coordination services for Medi-Cal recipients aged 65 or older who meet the eligibility criteria for a skilled nursing facility. In addition to the care coordination services, each MSSP site has funds to help a person stay in the community after all other public or private program options have been exhausted; such as transportation and meal services.

Preferred Drug List — A list of medications covered by a health plan offering prescription drugs.

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.

Nursing Facilities — Nursing facilities encompass nursing homes and rehabilitation facilities and provide nursing, rehabilitative, and medical care.

What to Consider Before You Change to Cal MediConnect

Now that you know more about Cal MediConnect health plans, it is time to decide if you want to join one. Below are some things to consider when you choose a Cal MediConnect health plan.

1 Do your providers work with a Cal MediConnect health plan?

- a. First, make a list of your providers and their contact information in the table below.
- b. Then, call the health plan and ask if each provider is in the health plan's network.
- c. Ask the health plan if all of your providers have to work in the same clinic or provider group. If so, ask the name of each provider's clinic or group.



Provider/Specialist	Phone Number	In Health Plan A	Provider Clinic/Group	In Health Plan B	Provider Clinic/Group

2 Which pharmacies can you use?

Find out if your pharmacy works with a Cal MediConnect health plan, and how you can keep getting your medicine on schedule.

- a. Make a list of your medicines using the form below.
- b. Contact the health plans you are thinking about joining, and ask them if they use your pharmacy. If they don't, get a list of the ones you could use.
- c. Ask the health plan if your medicines are covered, and what you need to do to make sure you can keep getting them.



Current Pharmacy	Cal MediConnect Health Plan A Pharmacy	Cal MediConnect Health Plan B Pharmacy

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What to consider before you change to Cal MediConnect



2 Which pharmacies can you use? (Continued)

Medicine	Prescribing Provider	In Health Plan A?	In Health Plan B?

3 If you use medical supplies or equipment, you will have to get them from providers in the Cal MediConnect health plan.



- a. Make a list of the medical supplies and equipment you use.
- b. Contact the health plan, and ask them where to get medical supplies and equipment. Make sure you can get what you need.
- c. Once you join a Cal MediConnect health plan, you can ask a care coordinator to help you get the supplies and equipment you need.

Medical Equipment or Supply (name)	Current Provider	Cal MediConnect Health Plan A Provider	Cal MediConnect Health Plan B Provider