

WHAT IS CAL MEDICONNECT?

Cal MediConnect is a health plan that combines all your Medicare and Medi-Cal benefits.

This exciting new option can help you better manage chronic conditions and keep you from unnecessary hospital visits.

Cal MediConnect health plans will focus on coordinating all your health care needs, including medical care, behavioral health care, and home and community-based services.

These health plans also provide additional benefits such as transportation and vision care.

WHO IS ELIGIBLE?

You must have both Medicare and Medi-Cal to enroll in a Cal MediConnect health plan.



Cal MediConnect is currently available in seven counties: Los Angeles, Orange, Riverside, San Bernardino, Santa Clara, San Diego, and San Mateo.

To enroll in a plan today, call Health Care Options at 1-844-580-7272, Monday – Friday from 8:00 am to 5:00 pm. For TTY users, call 1-800-430-7077. A representative in your language can help you enroll or change your health plan.

WHAT ARE THE BENEFITS?



Cal MediConnect health plans provide the same medical services that you currently receive, but have additional benefits as well:

- ✓ **Only one phone number to call – Only card to carry.** When you have questions or need help, you only need to call one phone number. And you only need your Cal MediConnect health plan card for services.
- ✓ Your health plan will assign you a **personal care coordinator** (a nurse or other health care professional) to answer questions and make sure that you get the right services from the right providers. They can even help you schedule appointments, arrange transportation, and check on prescriptions.
- ✓ Your health plan will make sure that your doctors, specialists, pharmacists, caregivers, case managers, and other providers **all work together to help you take care of your health.**
- ✓ Your health plan will cover and coordinate your health needs, including: **prescription drugs, vision care, and some transportation to medical services.**

- ✓ **Transportation:** 30 one-way health-related trips per year, such as medical appointments, picking up prescriptions, physical therapy sessions, and more.
- ✓ **Vision:** Free annual eye exam and \$100 for eyeglasses or contact lenses every two years.
- ✓ **Care Plan Options:** Some plans may also offer services to help you stay healthy in your own home if you need them, such as in-home wheelchair ramps or grab bars in showers.

WILL MY PROVIDER CHANGE?

- Check with your plan or HICAP to see if your current doctor is in Cal MediConnect. If they are not, you can still keep seeing your doctors for some time. For more details on how to keep your doctor, see “Continuity of Care” on page X of the toolkit.
- Your Cal MediConnect plan will provide your medical equipment, medical supplies, physical therapy, and transportation. If you currently use any of these services, talk to the health plan about arranging to receive them from providers approved by the Cal MediConnect plan.
- You can keep your In-Home Supportive Services (IHSS) provider when or if you change to Cal MediConnect. You have a right to hire, fire, and manage your IHSS providers.
- If you are in a nursing home, you can stay as long as quality and safety is not in question.

More information is available at www.CalDuals.org

You can email info@calduals.org with any questions.

ARE THERE OTHER OPTIONS?

Participation in Cal MediConnect is voluntary, so it is your choice to join.

Medicare + Medi-Cal Managed Long-term Services and Support

- If you choose not to join Cal MediConnect, you will continue to receive Medicare services as you do today, but will need to join a Medi-Cal managed care plan to receive Medical Managed Long-Term Services and Supports, such as personal care services.

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

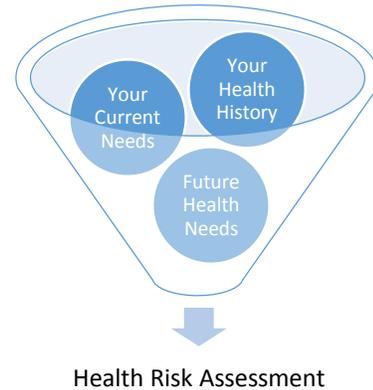
- PACE is also available if you have Medicare and Medi-Cal; are 55 or older; meet the level of care requirements for a skilled nursing facility; live in your home or in a community

setting safely; need a high level of care for a disability or chronic condition; and live in a ZIP code served by a PACE health plan.

HOW DOES CAL MEDICONNECT HELP YOU GET THE CARE YOU NEED?

The First Step – HEALTH RISK ASSESSMENT

- Your Cal MediConnect health plan will ask questions to understand your health needs, what you are eligible for, and how to access those services.
- This can be completed in person, over the phone or by mail. It is up to you!



CARE COORDINATOR

A care coordinator is a nurse or other health care professional who helps with:

- Answering questions about the services you are receiving or may need
- Connecting you to community resources
- Helping you find a doctor, make an appointment, and arranging transportation to see your doctor or pick up prescriptions
- Referring you to services to help solve any problems you may have with your health plan, doctor, or care coordinator
- Giving your doctors the right information the first time

CARE TEAM

A group of doctors and other providers who share information about your health and make it easier for you to get the care you need. Your team is put together based on your needs and always includes your care coordinator.

Your care team can also include: specialists, family members, care givers, In-Home Supportive Services (IHSS) case workers and providers and others.



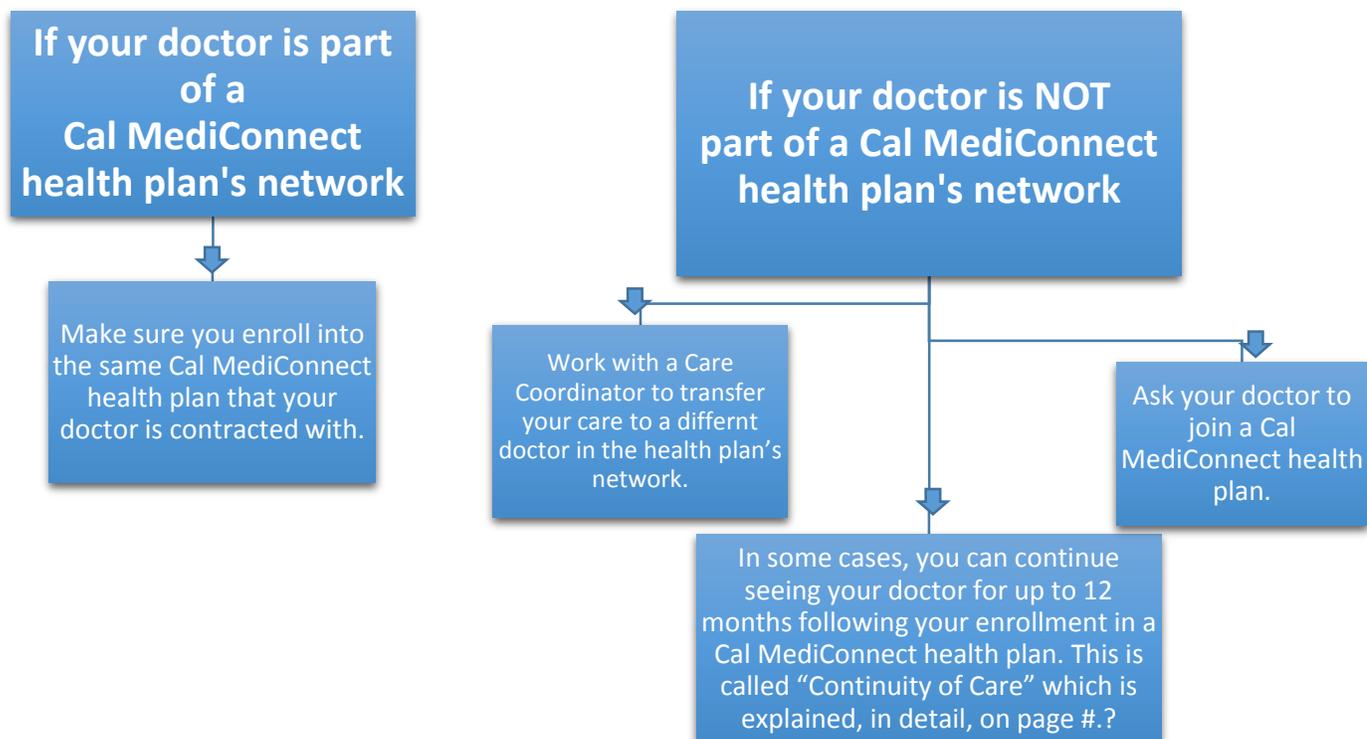
*You and your care team create a **CARE PLAN** just for you. Your care plan helps your providers understand your health goals, ⁵needs, and preferences. It highlights the services you want and need, and helps your care team connect you to those services.*

CAN I KEEP MY DOCTOR?

If you already have doctors that you know and trust, you can call the Cal MediConnect health plans in your county to ask if your doctors are a part of their network. You can also ask your doctors if they have joined a Cal MediConnect health plan network.

If you join Cal MediConnect, you must use doctors who are a part of your Cal MediConnect health plan's network.

For help finding out if your doctors are in a Cal MediConnect health plan's network: call Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.



Choosing Your Doctor

- Your health plan can help you choose doctors that you trust and meet your needs.
- As a Cal MediConnect health plan member, you will have the option of choosing a primary care provider, or you will have one assigned to you who will work with you to get you necessary check-ups and screenings, keep your health records, help you manage chronic conditions, and connect you with other providers as needed. If you do not like your assigned primary care physician, you can work with your health plan to find another one.
- Your primary care provider will connect your with specialists, such as cardiologists, oncologists, psychologists, allergists, podiatrists, and orthopedists to treat specific conditions.

Changing Your Doctor

- You should always have doctors who you can work with, trust, and who meet your needs.
- If you are not happy with your first visit, you can call your doctor's office and share your concerns. If you do not want to try a second appointment with that doctor, you may ask to see another doctor in the same office, or work with your health plan to find a new doctor.

When you enroll in a Cal MediConnect health plan your care should not be disrupted.

*Your Cal MediConnect health plan will ensure that the transition is smooth
and your health needs are met every step of the way.*

Call your new plan to let them know about any treatment or services you have scheduled.

HOW TO KEEP YOUR DOCTOR: CONTINUITY OF CARE

If your current doctor is NOT part of your Cal MediConnect health plan, you have the right to:

- Continue receiving care from your doctor for 6 months for Medicare services and 12 months for Medi-Cal services - as long as you have an existing relationship with the doctor.
 - You must have an existing relationship with a primary care doctor. You have to have had at least **1** visit in the last 12 months with your specialist and you have to have had at least **2** visits in the last 12 months with your primary care doctor.
 - Additionally, in order to receive continuity of care, your doctor must:
 - Be willing to work with the plan and accept payment from the plan.
 - Not be excluded from the plan's network for quality or other concerns.

You must transition to receiving care from a provider in your Cal MediConnect plan's network at the end of 12 months for Medi-Cal services and 6 months for Medicare services. Your Cal MediConnect plan can help you with this transition.

YOU HAVE THE RIGHT TO CONTINUE TO RECEIVE MEDICALLY NEEDED SERVICES
EVEN IF YOU MAY NO LONGER BE ABLE TO RECEIVE THEM FROM THE SAME PROVIDER.

How to continue seeing a doctor outside of your Cal MediConnect Plan's network:

Before choosing a Cal MediConnect health plan, call the plan or HICAP to see if your doctors are contracted. If they are not contracted with a Cal MediConnect health plan:

1. Call your Cal MediConnect health plan and tell them about your scheduled care.
2. Tell your plan that you want to keep seeing your doctor. The doctor must agree to work with the plan. Your doctor or authorized representative can also call your plan to arrange the services you need.

3. If you get care from a doctor outside of your Cal MediConnect plan network, let your plan know.

Cal MediConnect OTHER PROVIDERS AND SERVICES:

Long Term Services and Supports

Cal MediConnect covers all of your Medi-Cal Managed Care Long Term Services and Supports, including In-Home Supportive Services (IHSS). IHSS provides personal care and other services for people who need help to live safely at home.

If you have IHSS, joining Cal MediConnect does not change your services or reduce your IHSS hours. If you join Cal MediConnect, your hours may even be increased based on the results of your Health Risk Assessment (HRA). You can still hire, fire, and manage your IHSS providers.

If you are in a nursing home, you will not have to change nursing homes - unless your Cal MediConnect health plan is concerned about the quality of care provided at the nursing home.

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Prescription Drugs

Cal MediConnect health plans cover all Medicare Part D drug benefits and any Medi-Cal prescription drug benefits. Because of this, you will no longer need a separate Part D plan.

Your old Part D plan will send a confirmation letter to let you know that your drugs will now be provided by your Cal MediConnect health plan. This does not mean you are losing your Part D benefits.

When you first enroll in Cal MediConnect, your Care Coordinator will work with you to make sure that you have at least a 30-day supply of your current medications as you transition to receiving your prescriptions through your Cal MediConnect plan.

While all Cal MediConnect plans cover the same drugs, some cover different generic names of the drugs. Your plan will work with you to make sure you get the drugs you need.

Language Services

If you do not speak English, your health plan must provide assistance in your language. If you speak American Sign Language (ASL), you have the right to a sign language interpreter.

Language assistance includes: medical interpreters, doctors and staff who speak your language, and printed materials in your language, such as consent forms and directions for treatment.

To ensure that an interpreter is present, either by phone, video conference, or in person, make sure to tell your plan that you need one. You should also ask for an interpreter when you make your appointment.

Interpreters are part of Cal MediConnect and you will not have to pay.

Your plan can give you a list of providers that speak your language. Ask your plan and doctors to make a note in your medical record that you need an interpreter and documents in your language.

Medical Supplies

During your Health Risk Assessment (HRA), you will be asked about the supplies and medical equipment you need and additional supplies that you may benefit from.

Each Cal MediConnect plan has specific suppliers, so once you are enrolled, you will get your supplies from your plan's supplier. Your plan will work with you to make sure you receive your medical supplies without disruption.

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Managed Medi-Cal Long-Term Services and Supports (MLTSS)

If you choose not to enroll in a Cal MediConnect health plan, you are required to enroll in a Medi-Cal Managed Care plan so that you can continue receiving Medi-Cal services.

A Medi-Cal Managed Care plan includes long-term services and supports, if you have them.

Will enrolling in a Medi-Cal Managed Care plan change my Medicare benefits?

No. Your Medicare benefits will not change. You will still be able to go to your Medicare doctors, hospitals, and providers. If you have issues receiving your Medicare services, call your Medicare plan or 1-800-MEDICARE, (800) 633-4227, immediately.

What will change when I enroll?

When you enroll in a Medi-Cal Managed Care plan, all of your long-term services and supports will be managed by the plan. If you receive medical supplies and equipment, your health plan must still provide these. However, the health plan's vendors will now provide your supplies and equipment.

Your In Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multi-purpose Senior Services Program (MSSP), inpatient nursing facility, and subacute care facility services **will not change**. You always have the right to hire, fire, and manage your IHSS providers.

How can I continue receiving necessary services?

Your Medi-Cal managed care plan must continue to provide all of your current Medi-Cal services, including all medical supplies and equipment. Contact your plan immediately if you are not receiving necessary services.

Will I be charged for my MLTSS or Medicare services?

No. You should not receive a bill for your MLTSS or Medicare services. You are not responsible for paying co-pays, co-insurance, or deductibles for any Medi-Cal or Medicare services you receive. The only exception is for Medi-Cal beneficiaries who have a monthly share of cost obligations, who must pay their share of cost. Otherwise, billing you would be called "Balance Billing" and is **illegal** under both federal and state law.

For more information on "Balance Billing" see page # X.

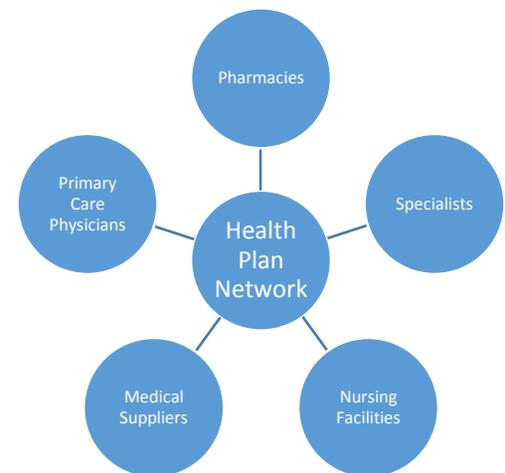
Health Plan 101

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 it.

What is a managed care health plan?

Your health plan pays for provider services, medications, hospital care, and special equipment to help you manage your health.

If you have both Medicare and Medi-Cal you should not be billed for any of these services unless you have a monthly share-of-cost. For questions about share-of-cost, contact Health Care Options at 1-844-580-7272, Monday through Friday, 8:00 am to 5:00 pm. TTY users can call 1-800-430-7077.



A managed care plan helps you to manage your health through a **network** of providers.

A plan's **network** is a specific group of health care providers, including: primary care doctors, specialists, pharmacies, nursing facilities, and suppliers of medical equipment, such as wheel chairs.

As a member of a managed care health plan, 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.

If you are a Cal MediConnect member and have an out of network provider, you may be able to continue seeing that provider for up to 6 months for Medicare services and 12 months for Medi-Cal services, if your doctor and the health plan agree. Please see the Continuity of Care document on page XX for more information.

What are the different types of doctors included in a health plan's network?

Primary Care Provider: This is the person you see first for most medical services. They work with you to get your recommended screenings, keep your health records, help you manage chronic conditions, and connect you with the other types of providers you need.

- Who qualifies as a Primary Care Provider? – Family physicians, internists, general practitioners, nurse practitioners, and physician's assistants.

Specialist: This is a doctor who focuses on a specific area of medicine and who can diagnose, manage, and prevent certain types of symptoms and conditions. Examples of specialists include:

- Cardiologists, oncologists, psychologists, allergists, podiatrists, and orthopedists.

How can I schedule an appointment with a doctor in my managed care plan?

If you have seen the doctor in the past, call their office directly to make an appointment. If you are new to your plan, call your plan to get a list of providers that are in the plan's network. You can also ask your plan to help you schedule your appointment and choose a provider.

If you are in a Cal MediConnect plan, you can ask your health plan for help with scheduling and arranging transportation to and from your appointment.

How should I prepare for my appointment?

1. Make sure you have your benefit identification card or cards with you when you go to your appointment. This includes both your Medi-Cal and Medicare cards. If you are in a Cal MediConnect plan, you will have **one** benefit identification card that covers both your Medicare and Medi-Cal benefits.
2. Bring a list of questions and things to discuss with your doctor and take notes during your visit.
3. If you are taking medications, make sure to bring a list of them with you. If you are in a Cal MediConnect plan, you can tell your health plan about your medications and they can inform your doctors.
4. Before you leave, make sure to ask your doctor any questions you may have.
5. If needed, schedule a follow-up appointment before leaving.

If you are in a Cal MediConnect plan, you can contact your health plan with any questions or concerns you may have in between visits.

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

You can **appeal** a decision made by your doctor and/or health plan to deny:

- A service, supply, or prescription drug that you think you should be able to get
- A request for payment for health care or a prescription drug that you already have

Call your health plan to ask about the appeals process.

What is prior authorization?

Your health plan may require a **prior authorization** or prior approval before you can receive a specific health care service, treatment, prescription, or piece of medical equipment. Prior authorization is a decision made by your health plan that the service or supplies are medically necessary.

Patient's Bill of Rights

As a member of a Cal MediConnect or Medi-Cal Managed Care Plan, you have certain rights and responsibilities.

Your Rights

- Be treated with dignity
- 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
- Be treated by providers who have experience/expertise in your condition
- Have your medical records and treatment kept private
- Get a copy of your medical records
- Continue to have the right to hire, fire, and manage your IHSS provider

Your Responsibilities

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

Problems or Concerns?

First, call your health plan. Your plan will have a procedure for you to follow to get more information or to appeal a decision. If your problem has not been solved after talking to your plan, you have additional options:

- Cal MediConnect's Ombudsman Program **(855-501-3077)** Monday-Friday, 9:00am-5:00pm: The Cal MediConnect Ombudsman can help you with your options, help you file an appeal or grievance, and help you set up a fair hearing.
- Medi-Cal Managed Care Ombudsman **(888-425-8609)** Monday-Friday, 8:00am-5:00pm: If you only have a Medi-Cal plan, the Medi-Cal Managed Care Ombudsman can tell you about your options, help you with appeals, grievances, and setting up a fair hearing.
- 1-800-Medicare **(800-633-4227)** 24-hours-a-day / 7-days-a-week: You can call this number for questions about your Medicare benefits.

GET THE FACTS – BALANCE BILLING

What should I know about balance billing?

If you have both Medicare and Medi-Cal coverage (meaning you are a dual eligible beneficiary), health care providers (like a doctor or hospital) cannot charge you for any part of your health care costs. This is called “balance 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 exception is that providers may bill Medi-Cal beneficiaries who have a monthly share of cost obligation, but only until that obligation is met. For questions about share-of-cost, call Health Care Options at 1-844-580-7272, Monday – Friday, from 8:00 am to 5:00 pm.

Why would a provider bill me for services?

As you and other dual eligible beneficiaries move to managed care health plans, providers may bill beneficiaries incorrectly. The state is working on educating providers to avoid incorrectly billing beneficiaries.

What should I do if I am billed by one of my health care providers?

If you have been billed by a health care provider:

1. Do not pay the bill.
2. Contact your health plan immediately to resolve the issue. Phone numbers for Cal MediConnect and Medi-Cal plans can be found on page # X.
3. Contact your health care provider and tell them that you should not have been billed because you receive Medi-Cal.

What should my doctor do if I am billed in error?

Once you alert your providers about the bill and tell them you have Medi-Cal, they must take immediate actions 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.

If you or your health care provider would like to learn more about balance billing or have questions about what actions to take, you can also call the Cal MediConnect Ombudsman at (855) 501-3077.

Recap: What to consider before joining a Cal MediConnect health plan:

Now that you know more about Cal MediConnect health plans, it is time to decide what option is best for you. Below are some key questions to consider when choosing a Cal MediConnect health plan. Each county has different options for Cal MediConnect health plans, which might have different doctors in their networks. It is important to call the Cal MediConnect health plans in your county and ask them for more information before making your choice.

A full list of contact information is available on the back side of this page.

✓ **Can I continue to see my current doctors?**

- If you have a doctor you want to keep seeing, it is important that you first check to see if your doctor is part of the Cal MediConnect health plan that you are thinking about joining. Call the health plans in your county to find out - contact information is on the back of this page.
- You may be able to continue to see your doctor for a limited amount of time, even if they are not part of your Cal MediConnect health plan.
- See the “Providers” fact sheet for more information.

✓ **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 currently use any of these services, talk to your plan about switching to your Cal MediConnect health plan's providers.
- Your In-Home Supportive Services (IHSS) provider will not change with Cal MediConnect. You still have the right to hire, fire, and manage your IHSS providers.
- See the “Other Providers and Services” fact sheet for more information.

✓ **Can I continue to get my current prescription drugs?**

- Cal MediConnect health plans cover all Medicare Part D and Medi-Cal prescription drug benefits. While all Cal MediConnect plans cover the same drugs, some cover different generic versions of the drugs. Call the Cal MediConnect health plan you are thinking about joining to learn about the plan's list of covered drugs.
- See the “Other Providers and Services” fact sheet for more information.

✓ **What added benefits will I receive?**

- In addition to your regular Medicare and Medi-Cal benefits, you will receive additional benefits including: care coordination, vision, and transportation services.
- See the “CCI Overview” and “Care Coordination” fact sheets for more information.

✓ **Will it cost me money to join a plan?**

- You will not have to pay for your Cal MediConnect health plan or any of the benefits you receive through the plan.
- If you currently have a share of cost for your Medi-Cal benefits, that will stay the same.
- See the “Balance Billing” fact sheet in the tool kit for more information.

✓ **What are my options if I decide not to join a Cal MediConnect health plan?**

- You can keep your Medicare the way it is now, but you will have to join a Medi-Cal managed care health plan to receive your Medi-Cal benefits, including your long-term services and supports.
- See the “MLTSS” fact sheet for more information.

Need help? Call the Health Insurance Counseling & Advocacy Program # 1-800-434-0222

Cal MediConnect Health Plans

Los Angeles County

Plan Name	Phone Number	TTY	Online
Care1st Cal MediConnect	1-855-905-3825	711	https://www.care1st.com/ca/calmediconnect/
CareMore Cal MediConnect	1-888-350-3447	711	http://duals.caremore.com/
Health Net Cal MediConnect	1-888-788-5395	711	https://www.healthnet.com/portal/shopping/content/iwc/shopping/medicare/duals/duals_introduction.action
L.A. Care Cal MediConnect	1-888-522-1298	1-888-212-4460	http://www.calmediconnectla.org/
Molina Dual Options	1-855-665-4627	711	http://www.molinahealthcare.com/members/ca/en-US/hp/duals

Orange County

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

Riverside County

Plan Name	Phone Number	TTY	Online
IEHP DualChoice	1-877-273-4347	1-800-718-4347	https://ww3.iehp.org/en/members/plans/cal-mediconnect/
Molina Dual Options	1-855-665-4627	711	http://www.molinahealthcare.com/members/ca/en-US/hp/duals

San Bernardino County

Plan Name	Phone Number	TTY	Online
IEHP DualChoice	1-877-273-4347	1-800-718-4347	https://ww3.iehp.org/en/members/plans/cal-mediconnect/
Molina Dual Options	1-855-665-4627	711	http://www.molinahealthcare.com/members/ca/en-US/hp/duals

San Diego County

Plan Name	Phone Number	TTY	Online
Care1st Cal MediConnect	1-855-905-3825	711	https://www.care1st.com/ca/calmediconnect/
CommuniCare Advantage	1-800-224-7766	1-800-735-2929	http://chgsd.com/mediconnect.aspx
Health Net Cal MediConnect	1-888-788-5805	711	https://www.healthnet.com/portal/shopping/content/iwc/shopping/medicare/duals/duals_introduction.action
Molina Dual Options	1-855-665-4627	711	http://www.molinahealthcare.com/members/common/en-us/pages/duals.aspx

Santa Clara County

Plan Name	Phone Number	TTY	Online
Anthem Blue Cross	1-855-817-5785	711	http://64.60.187.54/
Santa Clara Family Health Plan	1-877-723-4795	1-800-735-2929	http://www.scfhp.com/

San Mateo County

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