Continuing Care: Your Doctors

If your doctor is not in your plan, you may be able to continue to see them for:
- Medicare services: 6 months
- Medi-Cal services: 12 months

This applies to primary care doctors and specialists like heart doctors (cardiologists) or eye doctors (ophthalmologists).

You have a relationship with the provider in the 12 months prior to enrolling in the plan:
- Primary Care: one visit over 12 months
- Specialists: two visits over 12 months

In addition, your provider must:
- Be willing to work with the plan;
- Accept payment from the plan; and
- Not be excluded from the plan’s network for quality or other concerns.

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

See the box on the right for steps to continue seeing your “out-of-network” doctors. (Turn over for more information.)
Continuing Your Care After You Join a Health Plan

Continuing Care: Other Providers

You will have to get other non-doctor services through the health plan’s network, such as suppliers of medical equipment, medical supplies, and transportation. You will also have to switch to home health or physical therapy providers who are in your plan’s network. If you are in the hospital when your health plan enrollment begins, you can stay through that hospitalization. After that, you must use hospitals in the plan network.

Continuing Care: Long-Term Supports and Services (LTSS) Providers

If you’re in a nursing home, you have a right to stay in your current nursing home under Cal MediConnect, unless it is excluded from the plan’s network for quality or other concerns. Also, you can ask your health plan about getting help to return to the community.

If you’re already receiving long-term supports and services (LTSS), you also won’t have to change your In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP) providers.

Continuing Care: Prescription Drugs

You have the right to a supply of up to 30 days of any existing Medicare Part D prescription. After that, every health plan has a list of drugs that they will pay for, a list that is called a formulary. You must either switch to drugs on the formulary or ask the plan for an exception. Otherwise, you may have to switch drugs. For example, you may need to switch between brand name and generic.

Your Rights as a Health Plan Member

As a health plan member, you have a right to:

- Be treated with respect and 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

You can always change health plans, or switch from Cal MediConnect to original Medicare and a Medi-Cal managed care plan. To make a change, call Health Care Options at 1-844-580-7272 (TTY: 1-800-430-7077).