

## Continuing Your Care After You Join a Health Plan

Your Cal MediConnect plan is required to make sure your care continues and is not disrupted. Your plan will work with you and your doctors to make sure you get the care you need.

You have the right to continue to receive needed services, even if you may no longer be able to receive them from the same provider. Eventually, you must get all your covered services from providers who work with your plan. These are “in-network” providers.

**If you have a scheduled treatment** and just joined a new health plan, call the new health plan right away. Tell the plan about your treatment so they can work with you to arrange it.

### 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.)*

### How to See Your Out-of-Network Doctor after Joining a Cal MediConnect Plan

You may be able to see an out-of-network doctor after you join the plan.

1. Call your health plan and tell them about your scheduled care. Ask if your doctor is in their network.
2. Tell your doctor that you joined a health plan and ask if they are in the plan’s network.
3. If your doctor is “out-of-network,” you, your authorized representative or your doctor can tell the plan you want to keep seeing your doctor. The plan must contact your doctor and allow you to keep seeing them. The doctor must agree to work with the plan.
4. If you go to see your doctor and didn’t know that you just joined the plan, the doctor can still get paid if they contact the plan within 30 days.
5. If you are not happy with your plan’s response, call the Cal MediConnect Ombudsman: (855) 501-3077.

## Continuing Your Care After You Join a Health Plan

### Continuing Care: Other Providers

Plain Language

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:

Need Ombudsman Information

- 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).