

## **Notice of Additional Information**

### **Your rights and benefits as you move to a new Medi-Cal health plan**

Your Medi-Cal health plan will no longer be a Medi-Cal health plan in your county starting January 1, 2024. You or people in your family will join a new Medi-Cal health plan. This change is part of statewide Medi-Cal upgrades. Medi-Cal health plans will have new rules starting in 2024. They are to advance health equity, quality, access, accountability, and transparency. As part of this, some Medi-Cal health plans will change on January 1, 2024.

The change to a new Medi-Cal health plan does **not** affect your Medi-Cal eligibility or benefits. Read below for answers to questions about the change.

#### **General questions**

**1. Can I keep my doctor if they are not in my new Medi-Cal health plan network (group)?**

If you have gone to a Medi-Cal doctor in the past **12 months** who is not in your new Medi-Cal health plan, you might be able to keep your doctor if you ask your new Medi-Cal health plan for “continuity of care.”

Continuity of care means you may be able to keep a Medi-Cal provider for up to 12 months after you join a new Medi-Cal health plan. This includes your primary care doctor (PCP), specialists, physical and occupational therapists, and more.

Your doctor may agree to work with your new Medi-Cal health plan. This can last up to 12 months or, in some cases, longer. If you want continuity of care, call your new Medi-Cal health plan’s member services once you join the new Medi-Cal health plan. If your doctor does not agree to work with your new Medi-Cal health plan, your new Medi-Cal health plan will help you find a new doctor.

To learn more about your Medi-Cal health plan choices and doctors who work with Medi-Cal health plans, go to [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov).

**2. What if I already have appointments for January 1, 2024 or after?**

Work with your current provider to schedule your visits with your new Medi-Cal health plan. Your provider may need to ask your new Medi-Cal health plan for approval before you can have new visits or services.

**3. Can I keep appointments I have with a Medi-Cal specialist?**

If you made an appointment with a Medi-Cal specialist before you joined a new Medi-Cal health plan, you may be able to keep your appointment.

Call your new Medi-Cal health plan's member services once you join the new plan. Ask if you can keep the appointment. The specialist may already work with your new Medi-Cal health plan. Or they may agree to work with your new Medi-Cal health plan in the future.

**4. Will my prescriptions and pharmacies change?**

No. Your prescriptions and pharmacies should **not** change when you change Medi-Cal health plans. If you have a new PCP, make sure they know what prescriptions you get now. Tell them if you need a refill. If you have Medicare, your Prescription Drug Plan (Part D) will keep giving your pharmacy benefits.

**5. If I have durable medical equipment (DME), can I keep it when I join a new Medi-Cal health plan?**

You will be able to keep your DME for 180 days. Call your new Medi-Cal health plan's member services once you join the new Medi-Cal health plan. Tell them you have durable medical equipment.

**6. If Medi-Cal pays for my transportation, can I keep my scheduled rides?**

If you have Non-Emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT), you will keep getting those services. If your authorized transportation service goes beyond **June 30, 2024**, call your new Medi-Cal health plan's member services once you join your new Medi-Cal health plan. You may need to go to your doctor for a new treatment plan to keep the service after June 30, 2024.

Before you go to your doctor, call your new Medi-Cal health plan first. Ask if your transportation provider is in your new Medi-Cal health plan. If they are not, your new Medi-Cal health plan will give you a new transportation provider to use starting January 1, 2024.

**7. When I join a new Medi-Cal health plan, will I need a new authorization for a Medi-Cal service I get now?**

No. If you have an authorization from your current PCP or doctor for a Medi-Cal service, you can keep using that authorization for now. If your authorization goes beyond June 30, 2024, call your new Medi-Cal health plan's member services once you join your new Medi-Cal health plan. You may need to go to your doctor for a new treatment plan to keep the service after June 30, 2024.

If you get a Medi-Cal service or treatment that does not require authorization from your Medi-Cal health plan, you can keep getting that service or treatment when you join your new Medi-Cal health plan. If you need to keep the service or treatment after June 30, 2024, call your new Medi-Cal health plan's member services once you join the new Medi-Cal health plan. Ask them if you need an authorization keep getting that service or treatment.

## 8. What if I get a bill?

If you get a bill from a provider or from your current Medi-Cal health plan, call your current Medi-Cal health plan. They will tell you if you need to pay the bill. If you got care without your Medi-Cal health plan's authorization for out-of-network doctors, you may have to pay the bill.

If you get a bill for a service you got with your **new** Medi-Cal health plan, call them to find out if you need to pay the bill.

## For Medi-Cal members who also have Medicare

### 9. Will I still have Medicare?

Yes. If you have Medicare, your Medicare benefits, providers, and Medicare Advantage (MA) plan will not change when your Medi-Cal health plan changes.

Your Medicare providers:

- Do not have to be in your Medi-Cal health plan network to keep giving you care.
- Cannot charge you co-pays, co-insurance, and deductibles if you have Medi-Cal.
- Should bill your Medi-Cal health plan for co-pays, co-insurance, and deductibles even if they are not in the Medi-Cal network.

If you have questions about your Medicare Advantage benefits, call the number on your Medicare Advantage plan member card.

### 10. What is a Medicare Advantage (MA) plan?

Some people qualify for both Medicare and Medi-Cal. They are "dual eligible" or "Medi-Medi" members. Like all Medicare members, dual eligibles can get care through Original Medicare. Or they can join an MA plan. These are also called "Part C" or "MA plans." In California, there are several types of MA plans. Plan choices vary by county.

### 11. What if I am enrolled in an MA plan and live in Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Stanislaus, or Tulare County?

If you are in an MA plan and your county has a **matching** Medi-Cal health plan, you will be enrolled automatically in that matching Medi-Cal health plan.

The state has a Medi-Cal matching plan policy in the 17 counties listed above. This means that if you join an MA plan and your county has a Medi-Cal health plan that matches your MA plan, you must choose that Medi-Cal health plan.

If there is **not** a matching Medi-Cal plan, you may be in an MA plan and Medi-Cal health plan that do not match. This Medi-Cal matching plan policy does not change or affect your choice of a Medicare plan.

Having the same plan manage your Medicare and Medi-Cal benefits improves coordination of your benefits. In some counties these plans work together as one plan. They offer more care management for your Medicare and Medi-Cal services and Medicare prescription drugs. Together, this is called a Medicare Medi-Cal plan, or Medi-Medi plan.

The names of your MA plan and Medi-Cal health plan may not be the same. You can read the list of matching Medicare Medi-Cal plans for your county at [www.healthcareoptions.dhcs.ca.gov/medi-medi-charts](http://www.healthcareoptions.dhcs.ca.gov/medi-medi-charts).

If you have questions about your Medicare enrollment choices, call California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 (TTY: State Relay at 711).

If you have questions about your Medicare Advantage benefits, call the number on your MA plan member card.

## 12. What is a Medicare Medi-Cal plan?

A Medicare Medi-Cal plan (Medi-Medi) is an MA plan for people with **both** Medicare and Medi-Cal. It is voluntary. It combines your Medicare and Medi-Cal coverage into **one** plan with:

- One care team to coordinate care.
- One set of benefits, doctors, hospitals, lab tests, x-rays, and some medical equipment. Your new plan will include most of the doctors you have now. Or, it will help you find a new doctor you like.
- One health plan to coordinate delivery of services including medical supplies, transportation, and long-term services and supports.
- A network of providers, including doctors, hospitals, clinics, labs, and equipment suppliers. Your new plan will include most of the doctors you have now or will help you find a new doctor you like.
- Possible extra benefits like dental, hearing or vision coverage in addition to what Medi-Cal covers.

These **12 counties** will have Medi-Medi plans in 2024: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare.

To find Medi-Medi plans in your county, go to: [www.healthcareoptions.dhcs.ca.gov/medi-medi-charts](http://www.healthcareoptions.dhcs.ca.gov/medi-medi-charts).

## About Medi-Cal health plan choices

### 13. A Medi-Cal health plan is a health plan that:

- Works with doctors, hospitals, and other health care providers in your service area to give you health care services.

- Gives you the medically necessary Medi-Cal services you need.
- Works with you and your providers to coordinate and manage your care.

When you are in a Medi-Cal health plan, you may still get some services through Fee-For-Service (FFS) Medi-Cal instead of through your Medi-Cal health plan. In most counties, these include:

- Certain home and community-based services
- Most Medi-Cal pharmacy services
- Substance use disorder (SUD) treatment services
- Dental services

If you have Medicare, your Medi-Cal health plan can also give you more benefits that Medicare may not cover and can help you access Medicare services such as:

- Transportation to medical appointments
- Durable medical equipment
- Medical supplies
- Community Supports

To learn more about Medi-Cal health plan benefits, go to **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

#### **14. What is Medi-Cal Health Care Options?**

Medi-Cal Health Care Options (HCO) is a service that helps members learn about Medi-Cal health plans. It is to help members make the right choices about Medi-Cal.

The Medi-Cal HCO website is **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

To learn more, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

#### **15. Do I have a choice in my Medi-Cal health plan?**

To find out if you have more than one plan choice in your county, go to **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**. To learn more, read question 16.

#### **16. How do I choose a Medi-Cal health plan?**

Your Medi-Cal health plan choices depend on two things:

1. The county you live in, and
2. If you are in an MA plan

If you live in a county where you can choose a new Medi-Cal health plan, and you are **not** in an MA plan, you will get or already got a *My Medi-Cal Choice* packet in November 2023. It has your Medi-Cal health plan choices.

You can enroll in a Medi-Cal health plan by phone. Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or enroll online at [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov).

If you do not choose a Medi-Cal health plan and you are **not** in an MA plan that has a matching Medi-Cal health plan in your county, Medi-Cal, the Department of Health Care Services (DHCS) will choose a Medi-Cal health plan for you.

If you are in an MA plan in January 2024 in certain counties, your MA plan will determine your Medi-Cal health plan.

You have the right to change your Medi-Cal health plan at any time. You can call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or go to [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov).

If you live in a Single Plan county or a county that has a County-Organized Health System (COHS), you will be enrolled in the COHS plan, Single Plan, or Kaiser Permanente.

To find out if you live in a COHS, Single Plan, or non-COHS, non-Single Plan county, go to [www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx](http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx).

## 17. Can I enroll in Kaiser Permanente?

You may join Kaiser Permanente if you live in one of the counties that has Kaiser Permanente as a Medi-Cal health plan option.

You also have to meet **one** of these requirements:

- You were a Kaiser Permanente member in the last 12 months, or
- You are an immediate family member living in the same home as a current Kaiser Permanente member (family linkage), including being a member's:
  - Spouse or domestic partner;
  - Dependent child under 26 years of age;
  - Stepchild under 26 years of age;
  - Disabled dependent over 21 years of age;
  - Parent or stepparent of a beneficiary under 26 years of age; or
  - Grandparent, guardian, foster parent or other relative of a beneficiary under 26 years of age with appropriate documentation of familial relationship, or
- You are a foster child, or
- You have both Medicare and Medi-Cal (dual eligible) and are in Kaiser Permanente Senior Advantage (KPSA) or Duals Special Needs Program (D-SNP).

To learn how to enroll in Kaiser Permanente, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

## **18. Can I enroll in the Program of All-Inclusive Care for the Elderly (PACE)?**

If you are 55 years old or older and need a higher level of care to live at home, you may qualify to join a PACE plan in your area.

PACE gives you a personal care team of doctors, nurses, therapists, drivers, homecare workers, social workers, activity coordinators, and dietitians. They will coordinate your health care, home care, transportation, and specialty care such as dental care and hearing aids.

With PACE, you get most of your care at PACE centers. You can also take part in their social programs and use their senior gyms. Sometimes your care team brings services to you at home or remotely.

If you choose to join a PACE plan and you have Medicare, your Medicare providers may change. You will also be disenrolled from your MA plan if you join a PACE plan. You will not lose your Medicare coverage.

Enrollment in PACE is voluntary. You can disenroll at any time. There is an application process to join PACE. It includes a health assessment. This is to learn about your care needs. The process can take a few weeks. If you have Medi-Cal, there are no other co-pays or deductibles to enroll in PACE.

PACE services include, but are not limited to:

- Doctor and specialist visits
- Hospital care and surgeries
- Emergency and urgent care
- Vision and dental services
- Prescription drugs
- Physical, occupational, and speech therapy
- Home health care
- Behavioral health services
- Equipment and medical supplies
- Transportation to and from the PACE centers and outside medical appointments
- Nutritional counseling and prepared meals
- Nursing home care

To find out if PACE is available in your county or to learn more about PACE, go to **[www.CalPACE.org](http://www.CalPACE.org)**. Or call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

## **19. Can I enroll in SCAN health plan?**

You may qualify for SCAN health plan (SCAN) in your area if you:



- Are 65 years old or older,
- Have Medicare A and B,
- Have Medi-Cal, and
- Live in Los Angeles, Riverside, San Bernardino, or San Diego County

SCAN is a Medicare Advantage Special Needs Plan. It covers Medicare and Medi-Cal benefits, including prescription drugs. It coordinates all healthcare, homecare, transportation, and related benefits. To learn more, call SCAN at 1-800-675-4439 (TTY: 711). Or go to [www.scanhealthplan.com](http://www.scanhealthplan.com).

## **20. Who does not have to join a Medi-Cal health plan?**

You may not have to join a Medi-Cal health plan if you live in a non-COHS or non-Single Plan county and you:

- Are an American Indian/Alaska Native,
- Are a member who gets assistance under foster care, the Adoption Assistance Program, or Child Protective Services,
- Live in a California Veteran’s Home,
- Already have an approved medical exemption from the requirement to join a Medi-Cal health plan, or
- Get a medical exemption from the requirement to joining a Medi-Cal health plan.

To learn more about exemptions from joining a Medi-Cal health plan, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

If you are a member who gets assistance under foster care, the Adoption Assistance Program, or Child Protective Services, and you live in a Single Plan county, you have the choice to enroll in a Medi-Cal health plan or FFS Medi-Cal.

To find out if you live in a COHS, Single Plan, or non-COHS, non-Single Plan county, go to [www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx](http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx).

## **21. What if I am an American Indian or Alaska Native Member?**

If you are an American Indian or Alaska Native member enrolled in a Medi-Cal health plan, you may get services from an Indian Health Care Provider of your choice. If you have questions about your benefits, call your Medi-Cal health plan or the Medi-Cal Ombudsman at 1-888-452-8609.

## **22. Can I get a medical exemption from joining a Medi-Cal health plan?**

If you live in a COHS or Single Plan county, you do not qualify for a medical exemption.

If you live in a non-COHS, non-Single Plan county and are in FFS Medi-Cal, you may be eligible for a medical exemption to keep your provider for up to **12 months** if



you have a complex medical condition and your **Medi-Cal** doctor or clinic is an FFS Medi-Cal provider who is not in a Medi-Cal health plan network in your county.

If you want to stay in FFS Medi-Cal, ask for a medical exemption as soon as you can. In most cases, you cannot get an exemption from managed care enrollment after you have been in a Medi-Cal health plan for **90 days**. Your doctor, clinic, or an advocate can help you fill out the form. Your doctor will also need to fill out part of the form. Return the completed form to Medi-Cal HCO.

You do **not** need a medical exemption to keep your **Medicare** providers.

There are two ways you can ask for a medical exemption:

1. Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).
2. Go to Medi-Cal HCO at **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

If your medical exemption is approved, you can stay in FFS Medi-Cal and keep your doctor until the medical exemption ends.

If you have certain health conditions and want to keep your Medi-Cal provider for more than 12 months, you may be able to ask for a medical exemption extension. You must wait until at least **11 months** from your existing medical exemption’s start date to ask for an extension. Medi-Cal HCO will tell you when it is 45 days before your medical exemption ends. They will tell you how to ask for an extension.

If your exemption is denied, you might be able to keep your doctor if you ask your Medi-Cal health plan for “continuity of care.”

To learn more about medical exemptions and how to ask for one, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4623 (TTY: 1-800-430-7077). Or go to the Medi-Cal HCO website at **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

To find out if you live in a COHS, Single Plan, or non-COHS, non-Single Plan county, go to **[www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx](http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx)**.

### **23. If I have an approved medical exemption before January 1, 2024, will I stay in FFS?**

If you get an approved medical exemption before January 1, 2024, you will stay in FFS until your approved medical exemption ends and it is medically safe for you to join a Medi-Cal health plan.

- A Medical Exemption Request (MER) lets you stay in Medi-Cal FFS until your exemption ends. You will get a letter before your medical exemption ends.
- You can ask for a medical exemption extension if you believe your health condition still qualifies. If you want to ask for an extension, you must wait until **11 months** after your existing exemption’s start date. When the medical exemption ends, Medi-Cal HCO will give you information about enrolling in a Medi-Cal health plan.

- Starting January 1, 2024, members who reside in a COHS or Single Plan county are not eligible for medical exemption extensions.

## Other services through Medi-Cal

### 24. What other services can I get through Medi-Cal?

#### California Children’s Services (CCS) Program

You or your child may qualify for the CCS Program. CCS is a state program for children and youth with certain medical conditions, physical limitations, or chronic health problems. Children and youth up to 21 years old can get health care and services they need. CCS will connect a child or youth with doctors and trained health care people who know how to care for their health care needs.

A child or youth may qualify for the CCS Program if the child or youth:

- Is under 21 years old,
- Has a CCS eligible medical condition - <https://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx>;
- Is a resident of California, and
- Has a family income under \$40,000

To learn more, find your local CCS Program county office number at <https://www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx>.

#### Dental services

You can get dental services through Medi-Cal. Your dental benefits do not change when you enroll in a Medi-Cal health plan.

- For **most counties**, you get FFS Medi-Cal dental services through the **Medi-Cal Dental Program**. You need to go to a dental provider who takes Medi-Cal Dental. To find a dental provider, you can call the Medi-Cal Dental Customer Service Center at 1-800-322-6384 (TTY: 1-800-735-2922), Monday – Friday, 8 a.m. to 5 p.m.

You can also find a dental provider and more about Medi-Cal dental services on the “*Smile, California*” website at [www.smilecalifornia.org](http://www.smilecalifornia.org).

- If you live in **Los Angeles County**, you can get services through the **Medi-Cal Dental Program** with FFS dental or a **Medi-Cal Dental managed care plan**. To learn more about joining a dental plan, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).
- If you live in **San Mateo County**, you will get dental services through the Health Plan of San Mateo (HPSM) or FFS dental.
  - If you are enrolled in HPSM, you will receive dental services through HPSM. To learn more about HPSM, call member services Monday – Friday, 8 a.m. to 6 p.m. at 1-800-750-4776 (TTY: 1-800-735-2929).

- If you are enrolled in Kaiser, you will receive dental services through FFS dental. To find a dental provider, you can call the Medi-Cal Dental Customer Service Center at 1-800-322-6384 (TTY: 1-800-735-2922), Monday – Friday, 8 a.m. to 5 p.m.

### **In-Home Supportive Services (IHSS) Program**

The IHSS program helps pay for services that help you stay safely in your own home. IHSS is an alternative to out-of-home care such as nursing homes or board and care facilities. IHSS can authorize these types of services:

- Housecleaning
- Meal preparation
- Laundry
- Grocery shopping
- Personal care services, such as bowel and bladder care, bathing, grooming, and paramedical services
- Accompaniment to medical appointments
- Protective supervision for the mentally impaired

To apply for IHSS, contact your local county social services agency. To find your local county services agency go to **[www.cdss.ca.gov](http://www.cdss.ca.gov)**. A county social worker will interview you at your home to find if you qualify for and need IHSS. Based on your ability to safely perform certain tasks for yourself, the social worker will assess the types of services you need and the number of hours the county may authorize for those services.

If you are approved for IHSS in most counties, you must hire someone (your individual provider) to perform the authorized services. Your county IHSS Public Authority can help connect you with qualified IHSS providers.

### **Mental health services**

If you need mental health services, talk to your new Medi-Cal health plan member services. Or talk to your PCP or your county mental health plan. You may get mental health services through your Medicare or Medi-Cal health plan's network. You may also qualify for specialty mental health services from your county mental health plan.

Your Medi-Cal health plan and your county mental health plan **must** help you with your mental health care needs. They must help you find a provider. For your county mental health plan contact information, go to: **[www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx](http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx)**.

No matter which one you contact, you should get services right away. You do not need a diagnosis to get care.

### **Alcohol and substance use disorder treatment services**

If you need help with alcohol or other substance use disorder (SUD) treatment services, you can get an assessment from your Medi-Cal health plan. You can also call your county Drug Medi-Cal program for SUD treatment services. To find your local county Drug Medi-Cal program go to [www.dhcs.ca.gov/provgovpart/Pages/sud-directories.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/sud-directories.aspx). Or call your Medi-Cal health plan member services for help to get SUD treatment.

### **Pharmacy services**

Medi-Cal Rx covers prescription drugs that your provider prescribes for you to get from a pharmacy. Your Medi-Cal health plan covers the drugs your provider gives you in person, such as at the doctor's office or clinic.

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to [www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov). Or call the Medi-Cal Rx Customer Service Center at 1-800-977-2273 (TTY: State Relay at 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal health plan, call your new Medi-Cal health plan's member services.

If you qualify for Medicare, Medicare Part D will cover most prescriptions. You must pay any co-pays. Medi-Cal will only pay for a few medications not in your Part D plan.

### **Transportation**

If you do not have a way to get to doctor, clinic, dentist, mental health, or substance use disorder treatment services appointments, or to pick up medicine or for other Medi-Cal covered services, you may qualify for free transportation services. You can get these services, called "Non-Medical Transportation (NMT)" by car, taxi, bus, or other public or private vehicle. NMT is available for appointments covered by your Medi-Cal health plan as well as services covered by Medi-Cal but not through the Medi-Cal health plan, such as substance use disorder treatment services.

If you cannot use a car, bus, taxi, or other public or private vehicle to get to your appointments due to your health conditions, you may get Non-Emergency Medical Transportation (NEMT) services to your appointments by ambulance, wheelchair van, or litter van. You will need a prescription from a licensed provider to get NEMT. NEMT is for people who cannot use public or private transportation. Your primary care provider, dentist, podiatrist, mental health, or substance use disorder provider can prescribe it.

Your Medi-Cal health plan can help you schedule your transportation. Call the Medi-Cal health plan's member services to ask for a ride.

When asking for transportation, you must contact your Medi-Cal health plan as soon as you can before an appointment. If you have many appointments, you can also ask for transportation to those appointments.

## Contacts

### 25. Where can I learn more or get help?

For questions about Medi-Cal:	<ul style="list-style-type: none"><li>• Call the DHCS Medi-Cal Helpline Monday – Friday 8 a.m. to 5 p.m. at 1-800-541-5555. The call is free.</li><li>• To learn about what services you can get through Medi-Cal, go to <b>www.dhcs.ca.gov</b>. Or call the Medi-Cal Helpline above.</li></ul>
For questions about why your Medi-Cal services are changing:	<ul style="list-style-type: none"><li>• Call the Medi-Cal Ombudsman Office Monday – Friday, 8 a.m. to 5 p.m. at 1-888-452-8609 (TTY: California State Relay at 711). The call is free. Or email them at <b>MMCDOmbudsmanOffice@dhcs.ca.gov</b>. They help people with Medi-Cal use their benefits and understand their rights and responsibilities.</li><li>• Call the Medicare Medi-Cal Ombudsman Program at 1-855-501-3077. The call is free. They help people who have both Medicare and Medi-Cal with complaints and problems.</li><li>• Call the Long-Term Care Ombudsman at 1-800-231-4024. The line is open 24 hours a day, 7 days a week. The call is free. They help people who live in a Skilled Nursing Facility, Intermediate Care Home and Subacute Care Facility with complaints and understanding their rights and responsibilities.</li><li>• Call Health Consumer Alliance at 1-888-804-3536. The call is free. Or go to <b>https://healthconsumer.org</b>.</li></ul>
To learn more about health plan and provider (doctor, clinic) choices:	<ul style="list-style-type: none"><li>• Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). The call is free. Or go to our website at <b>www.healthcareoptions.dhcs.ca.gov</b>.</li></ul>