

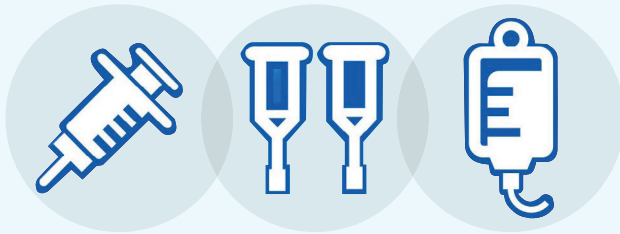


Durable Medical Equipment in Cal MediConnect

What is Cal MediConnect?

Cal MediConnect (CMC) is a program made up of doctors, hospitals, pharmacies, providers of long-term services and supports, behavioral health providers, and other health care providers. It also has care coordinators and care teams to help you manage all your providers and services.

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



What is Durable Medical Equipment?

Durable Medical Equipment (DME) is certain items your doctor orders for use in your own home. DME is:

- Durable (can last a long time)
- Used for a medical reason
- Useful to an individual with a disability, injury, or other physical limitation
- Used in your home and/or in the community

How can DME help me?

DME can help support daily activities in and outside of your home. For example, if you have difficulty walking or moving around, your CMC plan may provide a walker to help you move with more stability. You do not have to pay for approved DME, unless you have a share of cost.

What DME is covered by my CMC plan?

If medically necessary, DME that CMC covers includes, **but is not limited to**, the following:

- Bed products, except for orthopedic mattresses (such as powered mattress systems, dry pressure pad for mattress, hospital beds ordered by a clinician for use in the home)
- Bone stimulator
- Canes
- Over the door cervical (or neck) traction
- Diabetic devices
- Dialysis care equipment
- Enteral pump and supplies
- Intravenous infusion pumps and poles (such as an insulin pump)
- Nebulizers
- Oxygen equipment and supplies
- Speech generating devices
- Walkers
- Scooters and Wheelchairs, both powered or manual
- Crutches

Please refer to Chapter 4 of your plan's Member Handbook for information about your specific DME coverage that may be more extensive than the items listed above, as well as for any limitations of coverage.

What DME is not covered by my CMC plan?

Generally, your CMC plan will not cover items that do not meet a medical need, such as household items (e.g., televisions) and exercise equipment (e.g., bicycles).

Are wheelchairs covered by my CMC plan?

Yes, CMC plans cover wheelchairs for use in the home and in the community. Your CMC plan will only cover a power wheelchair or other custom or lightweight wheelchair if it meets your medical needs and is the least costly medically appropriate alternative. For most people, this means that your CMC plan will only cover a power wheelchair if you cannot use a manual wheelchair.

How do I get DME?

DME must be prescribed by a clinician, such as your primary care provider or specialist, and be reviewed annually. Before prescribing DME, your clinician must see you in person or via video conferencing. Most DME requires prior approval by your CMC plan and requires your provider to complete a Treatment Authorization Request (TAR). Your clinician must submit the TAR with documentation of medical need. Most CMC plans may have preferred vendors and manufacturers for DME.

How will I be evaluated for DME?

For some DME, your CMC plan may ask you to meet with a DME provider or specialist to ensure the requested DME fits your needs and living space. This person will talk about what your needs, preferences, and goals are, and help decide what type of DME can help you live more comfortably in your home and in your community.

How long does it take to get DME?

- The time it takes to receive a piece of DME will depend on the item needed.
- For emergency DME items, such as crutches, canes, or walkers when leaving a hospital, it should not take more than 1-2 days if not immediately available upon discharge.
- For custom equipment such as a custom-fitted wheelchair, it may take more than six weeks after your initial assessment with your clinician. This is because of CMC plan processes and the time it takes a vendor to make custom-fitted items.

If you have DME needs, contact your CMC plan. If there is an unreasonable delay in accessing your DME, you can contact the CMC Ombudsman (1-855-501-3077).

What if my DME breaks?

Your CMC plan may cover repairs and replacement for DME when something goes wrong. This is assuming normal wear and tear and whether the item is under warranty by the vendor. If your DME breaks, contact your CMC plan immediately. If you have any problems, contact the CMC Ombudsman (1-855-501-3077) for help.

What if my ask for DME is denied?

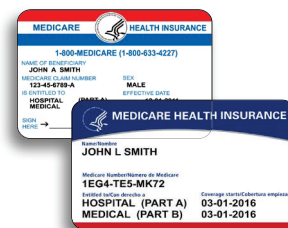
You will be notified by your CMC plan when the DME requested cannot be covered. The notice should tell you which rules were used to consider your request and why the DME you requested could not be covered. This notice will also explain how to request an appeal of the denial.

There are several ways you can appeal your denial:

- Contact your CMC plan to discuss the appeal process or to request help.
- Appeal the denial through your CMC plan.
- Contact the CMC Ombudsman (1-855-501-3077) to learn more about your appeal options and for help with an appeal.
- Request an Independent Medical Review (IMR) with the Department of Managed Health Care (1-888-466-2219).

The notice that you receive from your CMC plan will tell you how much time you have to appeal the denial. Your rights to an appeal may depend on whether the DME benefit was denied under Medicare or Medi-Cal.

To appeal the CMC plan's denial of DME under Medicare, you must first submit a request for reconsideration to your CMC plan. Contact your CMC plan for more information.



To appeal the CMC plan's denial of DME under Medi-Cal, you generally must first appeal the denial to your CMC plan (though you may request an IMR without first appealing to your CMC plan if you have special circumstances). After you appeal the denial to your CMC plan, you may request an IMR through the Department of Managed Health Care and/or a Medi-Cal State Fair Hearing (State Hearing) with the Department of Social Services. You may request a State Hearing at the same time or after you request an IMR, but if you request a State Hearing first, without requesting an IMR, you may not later request an IMR. To request an IMR, contact 1-888-466-2219. To request a State Hearing, contact 1-800-743-8525.



Cal MediConnect Plan Resources

For questions about DME services, refer to your plan member handbook, talk with your CMC plan, or contact your care coordinator.

Cal MediConnect Toolkit

For more information about Cal MediConnect visit CalDuals.org and refer to the [Cal MediConnect Beneficiary Toolkit](#). (www.calduals.org/learn-more-resources/toolkits/beneficiary-toolkit/)

Cal MediConnect Ombudsman

If you have questions or concerns about your ability to access DME, contact the Cal MediConnect Ombudsman Program (1-855-501-3077).