



How to Continue Your Health Care When You Switch to a Medi-Cal Managed Care Plan

Learn about your rights after your change in health coverage

How do I know if this information applies to me?

Have you enrolled in a new Medi-Cal managed care plan within the last year? If you did, then this information applies to you. A Medi-Cal Managed Care Plan is also called a Medi-Cal health plan. In this document, we will refer to it as the 'Plan.'

Can I still get all my same medicines?

If you take a medicine for a chronic condition, such as diabetes or asthma, you will still be able to get medicine for that chronic condition when you switch to your new Plan. Your Plan doctor will work with you to make sure you have the best medicines to keep you healthy.

Some medicines you are taking need to be approved by your Plan. Talk to your Plan doctor about the medicines you are taking. Your doctor can ask your Plan for approval, if it is needed. If your prescription did not get prior approval, it may be denied at the pharmacy. If this happens, the pharmacist can, in an emergency, give you a 3-day supply of your medicine.

Talk to your doctor or pharmacist about what you need to do to keep getting your medicine. They can ask your Plan for approval for medicine you are taking or for a new drug. Your Plan must review it within 24 hours, or one business day.

Can I keep the doctor I have now?

If your doctor is not in your Plan's network of providers, you can ask your Plan for help. If your doctor will work with your Plan, then you may be able to keep your doctor for up to 12 months. ("Work with your plan" means that your doctor must enter into an agreement with your Plan so that your doctor can get paid by your Plan.) If your doctor won't work with your Plan, you will need to find a new doctor after you switch to a new Plan.

For help keeping your doctor or finding a new doctor, call your new Plan. The number is on your health plan card.

Can I keep my Durable Medical Equipment (DME)?

Your plan must provide the DME that you need if it is covered by your Plan, but your Plan is not required to let you keep getting your DME from the same provider if that provider is not in your Plan's network of providers. Call your Plan for help with these services.

Can I keep the medical appointments, treatments, or surgeries that I already have scheduled?

Call your new Plan to ask about any medical appointments, approved treatments, or

surgeries that are scheduled to take place after you enroll in the Plan.

If you are being treated now for a medical condition or are scheduled to have surgery, you can ask your new Plan to let you see the doctor who is treating you now, even if that doctor is not in your Plan.

Your doctor must be willing to work with your Plan. If your doctor won't work with your Plan, you will need to find a new doctor in your new Plan. Call your Plan to ask for help in doing this. Their number is on your health plan card.

I have Regular Medi-Cal (also called Fee-for-Service Medi-Cal). Can I ask to stay in Regular Medi-Cal?

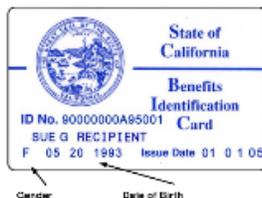
If you have Regular Medi-Cal and you are pregnant or are getting a complex treatment from a Medi-Cal doctor, then you may be able to stay in Regular Medi-Cal, for now.

To find out if you can stay in Regular Medi-Cal, you must file a Medical Exemption Request (MER). After you switch to a Plan, you have up to 90 days to apply for a MER.

Call **Health Care Options at 1-800-430-4263** for more information on how to file a MER. The call is free.

How can I tell if I'm in Regular Medi-Cal?

If you have Regular Medi-Cal, then you only have a white Beneficiary Identification Card (BIC). If you have a BIC and a Plan card, then you are already in a Plan.



Sample Beneficiary Identification Card (BIC).
(Actual card size = 3 1/4 x 2 1/2 inches; white card with blue letters on front, black letters on back.)

What if I have more questions?

After you enroll in your Plan, you can call the **State's Medi-Cal Ombudsman at 1-888-452-8609**, Monday through Friday, from 8:00 a.m. to 5:00 p.m. The call is free.

You can call for any of these reasons:

- To ask for help with your Plan or doctor or clinic. (Please call your Plan first.)
- To get advice about what to do if you do not agree with your treatment or services.
- To ask other questions about your Plan, doctor, or Medi-Cal.
- To get help to keep seeing your current doctor after you join a Plan.
- To find out how to file a MER.

You can also call the **Department of Managed Health Care Help Center at 1-888-466-2219**. They can help you find health coverage or help if you have a health plan complaint. The Help Center takes calls 24 hours a day, 7 days a week. The call is free.