



**2017 CareMore Cal MediConnect Plan (Medicare-Medicaid Plan) Changes**

Dear Member:

The Centers for Medicare & Medicaid Services (CMS) has released changes to 2017 Evidence of Coverage (EOC)/Member Handbook and shared the Medi-Cal appeals process has changed effective September 1, 2017.

The information below will replace the information in the 2017 Evidence of Coverage (EOC)/Member Handbook.

Please keep this notice for your reference.

	2017 EOC (Previous Version)	2017 EOC (Revision)
State Hearing (replaced State Fair Hearing)	On Page 150, 156-160, 185, 200, 201, and 208 in your EOC the term “State Fair Hearing”	On Page 150, 156-160, 185, 200, 201, and 208 in your EOC the term “State Hearing”
What is an Appeal? (Section 5.3, Chapter 9)	In most cases, you must start your appeal at Level 1. <b>However, you are not required to start your appeal at Level 1 for Medi-Cal services.</b> If you do not want to first appeal to the plan for a Medi-Cal service, you can ask for a State Fair Hearing or, in special cases, an Independent Medical Review. Go to page 162 for more information.	In most cases, you must start your appeal at Level 1. If you do not want to first appeal to the plan for a Medi-Cal service, in special cases you can ask for a Independent Medical Review. Go to page 162 for more information.
At a glance: (Section 5.3, Chapter 9)	Ask <b>within 90 calendar days</b> of the decision you are appealing. If you miss the deadline for a good reason, you may still appeal (see page 153).	Ask <b>within 60 calendar days</b> of the decision you are appealing. If you miss the deadline for a good reason, you may still appeal (see page 153).
2) State Hearing (Section 5.4, Chapter 9)	In most cases <b>you have 90 days to ask for a State Fair Hearing</b> after the “Your Hearing Rights” notice is mailed to you.	In most cases <b>you have 120 days to ask for a State Hearing</b> after the “Your Hearing Rights” notice is mailed to you.

What if we say we will not pay? (Section 5.6, Chapter 9)	If you are asking us to pay you back for a service or item you have already received and paid for yourself, you cannot ask for a fast appeal.	If you are asking us to pay you back for a service or item you already got and paid for yourself, you cannot ask for a fast appeal.
What to do (Section 6.4, Chapter 9)	If you want to ask us to pay you back for a drug, read Chapter 7 Section A on page 120. Chapter 7 describes times when you may need to ask for reimbursement. It also tells how to send us the paperwork that asks us to pay you back for our share of the cost of a drug you have paid for.	If you want to ask us to pay you back for a drug, read Chapter 7 Section A on page 120 of this handbook.. Chapter 7 describes times when you may need to ask for reimbursement. It also tells how to send us the paperwork that asks us to pay you back for our share of the cost of a drug you have paid for.
	When you make an appeal to the IRE, we will send them your case file. You have the right to ask us for a copy of your case file by calling Member Services 1-888-350-3447 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. We are allowed to charge you a fee for copying and sending this information to you.	When you make an appeal to the IRE, we will send them your case file. You have the right to ask us for a copy of your case file by calling Member Services 1-888-350-3447 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m.
Internal Complaints (Section 10.1, Chapter 9)	To make an internal complaint, call Member Services at 1-888-350-3447 (TTY 711). Complaints related to Medicare Part D must be made <b>within 60 calendar days</b> after you had the problem you want to complain about. All other types of complaints must be made <b>within 180 calendar days</b> after you had the problem you want to complain about.	To make an internal complaint, call Member Services at 1-888-350-3447 (TTY 711). You can make the complaint at any time unless it is about a Part D drug. If the complaint is about a Part D drug, you must file it <b>within 60 calendar days</b> after you had the problem you want to complain about.

If you have any questions, please call CareMore Cal MediConnect Plan Member Services at 1-888-350-3447 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.

CareMore Cal MediConnect Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. CareMore administers the contract on behalf of an affiliate of CareMore. ®CareMore is a registered trademark of CareMore Health System.

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Limitations, copays, and restrictions may apply. For more information call CareMore Cal MediConnect Plan Member Services or read the CareMore Cal MediConnect Plan Member Handbook. Benefits and/or copays may change on January 1 of each year.

### **It's important we treat you fairly**

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help 1-888-350-3447 (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 12900 Park Plaza Drive, Suite 150, Mailstop 6150 Cerritos, CA 90703-9329. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources>

### **Get help in your language**

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service 1-888-350-3447 (TTY: 711).

If you speak English, language assistance services, free of charge, are available to you. Call 1-888-350-3447 (TTY: 711), Monday through Friday from 8:00 a.m. to 8:00 p.m. The call is free.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-350-3447 (TTY: 711), de lunes a viernes de 8:00 a.m. a 8:00 p.m. Esta llamada es gratuita.

Spanish

如果您講中文，將可提供您免費的語言協助服務。請致電 1-888-350-3447 (TTY: 711)，週一至週五上午 8 點至下午 8 點。此為免費電話。

Chinese

Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số 1-888-350-3447 (TTY: 711), thứ Hai đến thứ Sáu, từ 8 giờ sáng đến 8 giờ tối. Cuộc gọi này miễn phí.

Vietnamese

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-350-3447 (TTY: 711), Lunes hanggang Biyernes mula 8 a.m. hanggang 8 p.m. Libre ang tawag.

Tagalog

한국어를 사용하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. 1-888-350-3447 (TTY: 771) 월요일부터 금요일까지 오전 8 시에서 오후 8 시 사이에 통화 가능합니다. 통화는 무료입니다.

Korean

Եթե Ղերպ խոսում եք հայերեն, սպա լեզվակախն աջակցությունն ծաայություններն անվճար վատչելի են Ձեզ: Ձանգահարեք 1-888-350-3447 (TTY: 711), երկուշաբթիից ուրբաթ՝ 08:00-20:00: Այս զանգն անվճար է:

Armenian

اگر به زبان فارسی گفتگو می‌کنید، خدمات زبانی بصورت رایگان به شما ارائه می‌شود. با شماره 1-888-350-3447 (TTY: 711) تماس بگیرید. از دوشنبه تا جمعه 8 صبح تا 8 شب. این تماس رایگان است.

Persian (Farsi)

Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по тел. 1-888-350-3447 (TTY: 711) с понедельника по пятницу с 08:00 до 20:00. Звонок бесплатный.

Russian

日本語を話される場合、無料の言語支援をご利用いただけます。月曜日から金曜日の午前8時から午後8時まで 1-888-350-3447 (TTY: 711) へ、お電話にてご連絡ください。通話料は無料です。

Japanese

إذا كنت تتحدث اللغة العربية، ستكون خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على الرقم 1-888-350-3447 (TTY: 711) من الإثنين إلى الجمعة من الساعة 8:00 صباحًا وحتى الساعة 8:00 مساءً. تكون المكالمات مجانية.

Arabic

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-350-3447 (TTY: 711) 'ਤੇ ਫੋਨ ਕਰੋ, ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤ 8 ਵਜੇ ਤੱਕ। ਇਹ ਕਾਲ ਮੁਫਤ ਹੈ।

Punjabi

បើលោកអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមហៅទូរស័ព្ទមកលេខ 1-888-350-3447 (TTY: 711) ថ្ងៃចន្ទដល់ថ្ងៃសុក្រចាប់ពីម៉ោង 8:00 ព្រឹកដល់ម៉ោង 8:00 យប់។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។

Cambodian

Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-888-350-3447 (TTY: 711), Txij hmub Monday txog hmub Friday thaum 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj. Tus xov tooj no yog hu dawb xwb.

Hmong

यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। सोमवार से शुक्रवार सुबह 8:00 बजे से शाम 8:00 तक, 1-888-350-3447 (TTY: 711) पर कॉल करें। यह कॉल मुफ्त है।

Hindi

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-350-3447 (TTY: 711), วันจันทร์ถึงวันศุกร์ เวลา 8:00 a.m. ถึง 8:00 p.m. โดยที่ไม่เสียค่าใช้จ่ายใดๆ

Thai

ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການແປພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-888-350-3447 (TTY: 711), ວັນຈັນ ຫາ ວັນສຸກ 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ. ການໂທແມ່ນພຣີ.

Laotian