

**Errata (Correction Sheet) for
2015-2016 Medi-Cal Member Handbook / Evidence of Coverage
CHANGES EFFECTIVE: January 1, 2017**

There are changes to the Medi-Cal Member Handbook/Evidence of Coverage. The changes below have been made to your 2015-2016 Care1st Medi-Cal Member Handbook/Evidence of Coverage. **This Errata (Correction) Sheet describes the changes recently made by Care1st Health Plan which may affect the way you receive care and where you can call for help. The changes are noted by ~~strike-out text~~.** Please read these changes and keep this document with your Member Handbook/Evidence of Coverage you have received.

If you have any questions regarding the Medi-Cal Member Handbook please call the Care1st Health Plan Member Services Department at 1-800-605-2556, 24 hours a day, 7 days a week.

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Section: Welcome: Thank you for choosing Care1st Health Plan!

Program Transitions to Medi-Cal

If you and/or your family members had Covered California, but now have Medi-Cal, your current provider(s) may not be part of the Care1st Health Plan Medi-Cal network. If you would like to know more about this transition, please call our Member Services Department at 1-800-605-2556 (TTY: 711). They can tell you the name of your doctor or help you find a new doctor. They can also answer your questions about Care1st or Medi-Cal managed care. If you have been told you need to pay a monthly premium, call 1-800-880-5305 **or go to www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx** to find out how to pay your premium.

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Section: This Member Handbook: Why is it important to me?

Understanding Whom to call and When

You can call Care1st when you:

- Need a new ID card
- **Want to report a change of address**
- Want to change your PCP

- Have questions about services and how to get them
- Want to know what is covered or what is not covered
- Need help getting the care you need
- Need an interpreter for your medical appointment
- Need a document from Care1st read in your language
- Are pregnant
- Have a problem you cannot resolve
- Get a bill from a doctor
- Want to change health plans from Care1st to a different health plan
- Are unsure who to call

Care1st toll-free number is 1-800-605-2556

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Section: Your Rights and Responsibilities

As a Care1st member, you have the right to...

Respectful and courteous treatment. You have the right to be treated with respect, **dignity**, and courtesy by your health plan's providers and staff. You have the right to be free from consequences of any kind when making decisions about your care.

Privacy and confidentiality. You have the right to have a private relationship with your provider and to have your medical record kept confidential. You also have the right to receive a copy of and request corrections to your medical record. If you are a minor, you have the right to certain services that do not need your parents' approval.

Choice and involvement in your care. You have the right to receive information about your health plan, its services, its doctors and other providers. You also have the right to get appointments within a reasonable amount of time. You have the right to talk **candidly** to your doctor about **appropriate or medically necessary** all treatment options for your condition, regardless of the cost **or what your benefits are**. You have the right to say "no" to treatment, and the right to a second opinion. You have a right to decide how you want to be cared for in case you get a life-threatening illness or injury.

...

Not be balance billed. Balance billing is the practice of billing beneficiaries for any charges that are not paid back by Medicare or Medi-Cal. Balance billing is prohibited by state and federal law. A provider may not bill you for any charges that are not paid back by Medicare or Medi-Cal, if the services are covered by Medicare or Medi-Cal. The only exception is that providers may bill Medi-Cal members who have a monthly share of cost, but only if that share of cost is not met for that month.

Know your rights. You have the right to receive information about your rights and responsibilities. **You have the right to make recommendations about these rights and responsibilities.**

As a Care1st member, you have a responsibility to...

Act courteously and respectfully. You are responsible for treating your doctor, all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before your visit to reschedule.

Give up-to-date, accurate and complete information. You are responsible for giving correct information **and as much information as you can** to all of your providers to Care1st. You are responsible for getting regular checkups and telling your doctor about health problems before they become serious.

Follow your doctor's advice and take part in your care. You are responsible for talking over your health care needs with your doctor, developing and following **and agreeing on goals, doing your best to understand your health problems, and** the treatment plans **and instructions** you and your doctor agree on.

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Section: ID cards: How do I use them?

What to do with your Care1st Member I.D. Card

You will need to show your Care1st member ID card to access Medi-Cal services. **The Care1st member ID card provides a member's effective date, the PPG name, the PCP or Clinic name, phone number, as well as pharmacy claims information. Also, you should have a Medi-Cal Benefits Identification Card (BIC). If you do not receive your BIC, you should contact your county welfare office.**

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Section: What is covered: What kinds of health care can I get from Care1st?

All health care services are reviewed, changed, approved or denied according to the medical necessity. ~~If you would like~~ **Call Care1st at 1-800-605-2556 (TTY: 711)** for a copy of the policies and procedures Care1st uses to decide if a service is medically necessary. No doctor has to give you services that he/she does not believe you need. Services are Subject to all terms, conditions, limits and exclusions. You can learn more about this in the "Non-covered services: What does Medi-Cal not cover?" section of this handbook.

Covered benefits include:

Acupuncture

Care1st will cover up to two outpatient acupuncture services in any one calendar month or more often if they are medically necessary.

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Section: What is covered: What kinds of health care can I get from Care1st?

Behavioral Health Treatment for Autism Spectrum Disorder

Care1st Health Plan covers behavioral health treatment (BHT) for autism spectrum disorder (ASD). This treatment includes applied behavior analysis and other evidence-based services. This means the services have been reviewed and have been shown to work. The services should develop or restore, as much as possible, the daily functioning of a member with ASD.

You do not qualify for BHT services if you:

- Are not medically stable; ~~or~~ **and**
- Need 24-hour medical or nursing services; or
- Have an intellectual disability (ICF/ID) and need procedures done in a hospital or an intermediate care facility.

~~If you are currently receiving BHT services through a regional center, the regional center will continue to provide these services until a transition plan is developed. Further information will be available at that time.~~

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Section: What is covered: What kinds of health care can I get from Care1st?

Health Education Services

If you cannot make it to a ~~class~~ **workshop or group** appointment, a Care1st Certified Health Coach and/or Registered Dietician will call you and talk to you over the phone. Health topics include asthma, diabetes, heart health, chronic condition support, nutrition and exercise, among others.

Care1st Health & Wellness **Portal**. This website gives you access to many tools like: Health workshops (classes), Meal plans, Exercise plans, Healthy recipes, a health library, and a health coach. When you log on, you complete a Personal Health Assessment (PHA). The PHA is a health survey that helps you identify your health risks. A health risk is a habit or condition that increases your chance of developing a disease. We encourage you to visit the Care1st Health & Wellness website as soon as you can at.

<https://www.care1st.com/ca/members/health-education/education-for-members.asp>.

Please log on to <https://care1st.cernerwellness.com/dt/v2/care1stindex.asp> to create an account on this website to get started.

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Section: What is covered: What kinds of health care can I get from Care1st?

Transportation

To learn more about this benefit, call Care1st at 1-800-605-2556 (TTY: 711).

NON-EMERGENCY MEDICAL TRANSPORTATION

You can use Non-Emergency Medical Transportation (NEMT) when you cannot get to your medical appointment by car, bus, train, or taxi, and the plan pays for your medical or physical condition.

NEMT is an ambulance, litter van or wheelchair van. NEMT is not a car, bus, or taxi. L.A. Care allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if a wheelchair van is able to transport you, L.A. Care will not pay for an ambulance.

NEMT can be used when:

- Medically needed;
- You cannot use a bus, taxi, car or van to get to your appointment;
- Requested by a Care1st provider; and
- Approved in advance by Care1st.

To ask for NEMT, please call Care1st Member Services at 1-800-605-2556 (TTY: 711) at least **five (5)** business days (Monday-Friday) before your appointment. Or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NEMT:

There are no limits if you meet the terms above.

What Does Not Apply?

Getting to your medical appointment by car, bus, taxi, or plane. Transportation will not be provided if the service is not covered by Care1st. A list of covered services is in this member handbook (or also called EOC).

Cost to Member:

There is no cost when transportation is authorized by Care1st.

NON-MEDICAL TRANSPORTATION

You can use Non-Medical Transportation (NMT) when you are:

- 1) Getting to and from a medical appointment for a screening and/or needed treatment service covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program^[1].**
- 2) Getting medical appointments that are covered services but your medical condition does not allow you to use medical transportation such as an ambulance, litter van, or wheelchair van, to get to your appointment. Members must meet one of the follow criteria as determined by Care1st:**
 - a. *Member lacks economic resources and or social support necessary to access medical appointments, or***
 - b. *Appointment must be located outside of the 10 mile radius from the member's location or be more than 2 hours travel time to the appointment on public transportation, or***
 - c. *In an area not well served by public transportation such as taxi or bus.***

Care1st allows you to use a car, taxi, bus, or other public/private way of getting to your medical appointment for plan-covered medical services from those who are not Medi-Cal providers. Care1st allows the lowest cost NMT type for your medical needs that is available at the time of your appointment.

To ask for NMT services, please call Care1st Member Services at 1-800-605-2556 (TTY: 711) at least five (5) business days (Monday-Friday) before your appointment. Or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT:

There are no limits for getting a ride to or from medical appointments covered under the EPSDT program. There are limits for getting a ride to or from medical appointments that are non-EPSDT services. Care1st will cover two (2) round-trip rides a month. If you need more than 2 rides, your doctor must contact Care1st.

What Does Not Apply?

NMT does not apply if:

- 1) An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.**

^[1] Members under 21 years may be able to get more services through a national program called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This includes doctor, nurse practitioner and hospital services. It also includes physical, speech/language, occupational therapies and home health services. Other services it covers are medical equipment, supplies, and devices; treatment for mental health and drug use, and treatment for eye, ear and mouth problems. If you have questions about the EPSDT program, please call L.A. Care Member Services.

- 2) **The service is not covered by Care1st. A list of covered services is in this member handbook (or also called EOC).**

Cost to Member:

There is no cost when transportation is allowed by Care1st.

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Section: More benefits: What other services can I get?

Medi-Cal Additional Benefits

The State does not cover some benefits in the Medi-Cal program for some adults age 21 and older who are on Medi-Cal.

However, Care1st provides five (5) benefits that the state does not cover to all of our members, including those 21 and older on Medi-Cal, when there is a medical need.

As a Care1st Medi-Cal member, you will keep getting:

- Speech therapy services – **two sessions per month with evaluation and recommendation from a qualified licensed speech therapist**
- Podiatry (foot) services
- Audiology (hearing) services
- Incontinence creams and washes
- Annual optometry (eye) exam for diabetic members

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Section: More benefits: What other services can I get?

Services you can get outside of your health plan

Specialty mental health services for ~~high-moderate~~ severe mental illness may be needed for services beyond your PCP's training and practice and the outpatient mental health services covered by Care1st.

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Section: More benefits: What other services can I get?

Case Management is a program for assisting members with complex care needs, often due to complications from chronic conditions such as diabetes, heart conditions, or a combination of such illnesses.

These needs include help with navigating the health care system, identifying and engaging community resources, benefit management, or transitions to other levels of care.

For more information about case management, or to make a referral, call the Care1st UM Department at **1-800-605-2556** ext **6090** and ask to speak with a Case Manager.

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Section: Non-covered services: What does Medi-Cal not cover?

~~Experimental and~~ Investigational services **except under certain circumstances**. You can learn more about this in “IMRs for Experimental and Investigational Therapies (IMR-EIT)” under the “Complaints: What should I do if I am not happy?” section of this handbook.

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Section: Pharmacy benefits: How do I get prescriptions drugs?

What is a pharmacy?

A pharmacy is a store where you get your prescription medications filled.

Care1st works with pharmacies in many neighborhoods. You must get your prescription medication (drugs) from a pharmacy in Care1st network. **To get the most up-to-date information about Care1st Pharmacy network in your area, please visit our Pharmacy Center page on the Care1st website at care1st.com or call Member Services at 1-800-605-2556 (TTY: 711).** You can also call the Nurse Advice Line at 1-800-609-4166 for answers to questions about medication.

What is a formulary?

The Care1st Medi-Cal formulary is a preferred list of covered drugs, approved by the Care1st Health Plan Pharmacy Quality Oversight Committee.

This formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated monthly; updated documents are available online at lacare.org.

Brand Name/ Generic Drugs

~~A generic drug has the same active ingredient as the brand name version of the drug. Generic drugs are approved by the Food and Drug Administration (FDA) and are usually more cost effective than brand name drugs.~~

~~Generic medications are dispensed, unless a documented medical reason prohibits the use of the generic version or a generic drug for a brand name drug does not exist. Your doctor must contact L.A. Care to get an okay to dispense a brand name drug if a generic is available.~~

Care1st Medi-Cal Plan covers generic and brand name drugs. However, when available, FDA approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by Care1st Pharmacy Quality Oversight Committee. A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the “Prior Authorization Process” described below.

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Section: Pharmacy benefits: How do I get prescriptions drugs?

Drugs not on the formulary

Sometimes, your doctor may need to prescribe a drug that is not on the formulary. Your doctor must contact Care1st and request prior authorization to get an okay.

Any drug not found in the formulary listing published by Care1st Health Plan shall be considered a non-formulary drug. A prescriber may request an exception to coverage for a non-formulary drug if the prescriber determines that there is a documented medical need. This type of request for coverage may be made using the “Prior Authorization Process” described below.

What drugs are not covered?

- **Drugs specifically listed as not covered**
- **Infertility agents**
- Drugs from a non-network pharmacy, except drugs needed because of an emergency
- Non-formulary drugs, except with an okay from Care1st by a prior authorization
- Drugs that are experimental or investigational in nature, except in certain cases of terminal illness. If you have been denied an experimental or investigational drug, you have the right to request Independent Medical Review (IMR). You can learn more about this in the “Complaints: What should I do if I am not happy?” section of this handbook
- Cosmetic drugs, except as prescribed for medically necessary conditions
- Non-formulary dietary or nutritional products, except when medically necessary or for treatment of Phenylketonuria
- Any injectable drug that is not medically necessary and not prescribed by a doctor
- Appetite suppressants, except as medically necessary for morbid obesity
- **Prescriptions written by a prescriber that has been suspended or excluded from participation in any federal or state health care program such as Medicare or Medicaid**
- **Carve Out Medications that must be billed to Medi-Cal Fee For Service**
- **Replacement of Stolen drugs up to a 30 day supply no more than one (1) time each calendar year (From January to December) Submission of Police report will be required and depending on the nature of the case, a Prior Auth may be required**
- **Vacation Supply(out of the country) up to a 90 day supply no more than one (1) time each Calendar Year (From January to December), If vacation within the country, member must utilize a pharmacy within the Care1st Pharmacy Network**
- **Replacement of lost or destroyed drugs up to a 30 day supply no more than one (1) time each calendar year (From January to December)**
- ~~Infertility drugs~~

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Section: Complaints: What should I do if I am unhappy?

With an Appeal:	With a Grievance:
<ul style="list-style-type: none">• You have been denied a medical service and you are unhappy with the decision.	<ul style="list-style-type: none">• You have not been denied a medical service but you are unhappy or dissatisfied with the care given to you by your doctor, specialist, medical group, hospital, pharmacy or Care1st.
<ul style="list-style-type: none">• You received a letter called a Notice of Action letting you know that your services have been denied.	<ul style="list-style-type: none">• You did not get a Notice of Action letter because there has not been a denial of medical services.
<ul style="list-style-type: none">• You received a Notice of Action letter from Care1st or a medical group. You have 90 calendar days from the date on the letter to file an appeal with Care1st.	<ul style="list-style-type: none">• You have up to 180 calendar days from the day of the service to file a grievance with Care1st.

At any time, you or your Member Representative... A grievance is an expression of dissatisfaction, or a complaint, by a member. The grievance can be in writing or made verbally. You have the right to file a grievance.

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Section: Complaints: What should I do if I am unhappy?

An Appeal is Different from A Grievance

An appeal is a formal request by a member, the member's representative or the member's doctor to review a denial of medical services. You can also file a grievance regarding the medical services related to the Notice of Action.

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Section: Complaints: What should I do if I am unhappy?

Contacting the California Department of Managed Health Care (DMHC) to file a Grievance or Request an IMR

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1.888.839.9909 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit ~~any your potential~~ legal rights **and possible** ~~or remedies will still be~~ that may be available to you.

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Section: Medi-Cal: How can I make sure I don't lose my coverage?

Involuntary disenrollments

You will lose managed care coverage with Care1st, but not necessarily your Medi-Cal benefits, if any of the following happens:

- You move out of Los Angeles County permanently.
- ~~You require medical health care services not provided by L.A. Care (for example, some major organ transplants, and chronic kidney dialysis).~~ **You have been approved for a major organ transplant and accepted as a candidate to a DHCS approved transplant center (exceptions are kidney and corneal transplants).**
- ~~You have been approved and accepted as a candidate to a transplant center.~~ You have other non-government or government-sponsored health coverage.
- You are in prison or jail.

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Section: Getting involved: How do I participate?

Many L.A. Care policies are decided by California Department of Health Services. Other policies are set by L.A. Care and members like you. There are several ways you can participate.

Care1st Public Policy ~~Policy~~ **Advisory** Committee

Care1st has a public **advisory** ~~policy~~ committee you may join. This committee discusses members and health plan issues. To find out more, please call Care1st **Member Services Department at 1-800-605-2556 (TTY: 711).**

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Section: More important information: What else do I need to know?

Workers Compensation

Care1st will not pay for work-related injuries covered by Workers' Compensation. However, Care1st will provide health care services you need while **the injury is being reviewed by the Workers' Compensation insurance company and until the care is accepted by the insurance company.** ~~there are questions about an injury being work related.~~

إذا كنت بحاجة إلى هذه المعلومات بلغتك، يرجى الإتصال بالهاتف المجاني أو في شكل بديل (برابل أي بأحرف كبيرة أو الصوت) 1 800 605 2556.

****ARABIC****

Եթե Ձեզ անհրաժեշտ է այս տեղեկատվությունը Ձեր լեզվով կամ այլընտրանքային ձևաչափով (այսինքն Braille, մեծ Տպեկ կամ ԱՄՆ), խնդրում ենք զանգահարել մեր սուրբ անվաթ համարը 1-800-605-2556.

****ARMENIAN****

如果您需要中文版的資訊或其他版本格式（例如盲文、大號字體印刷版或錄音等），請撥打我們的免費電話號碼 1-800-605-2556。

****CHINESE****

If you need this information in your language or in an alternative format (i.e. Braille, Large Print or Audio), please call our toll free number 1-800-605-2556.

****ENGLISH****

اگر لازم است این اطلاعات را به زبان خودتان و یا در قالب جایگزین (به عنوان مثال خط بریل ، بزرگ چاپ و یا صوتی) ، لطفاً با شماره تلفن رایگان تعداد تلفات ما 1-800-605-2556.

****FARSI****

បើសិនជាអ្នកត្រូវការព័ត៌មាននេះជាភាសាខ្មែរ ឬទ្រង់ទ្រាយទី១ទៀត (ដូចជាអក្សរព្រួញសំរាប់មនុស្សពិការ ធ្លឹក, សម្តែងមានសំណែងអក្សរធំៗ, ឬវីដេអូអាត់សំឡេងជាដើម), សូមទូរស័ព្ទទៅលេខ 1-800-605-2556 ។ ព័ត៌មានអស់ថ្លៃអ្វី សំរាប់ការទូរស័ព្ទនេះឡើយ ។

****KHMER****

당신은 (예 : 점자), 우리의 수신자 부담 전화 번호 1-800-605-2556 로 문의하십시오. 대형 인쇄 또는 오디오를 귀하의 언어로이 정보 또는 다른 형식이 필요한 경우.

****KOREAN****

Если Вам нужна эта информация на русском языке или в альтернативном формате (например, шрифт Брайля, крупным шрифтом или Audio), просьба звонить по бесплатному телефонному номеру 1-800-605-2556.

****RUSSIAN****

Si necesita esta información en español, o en formato alterno (por ejemplo, braille, letra grande o audio), por favor llame al 1-800-605-2556. Esta llamada es gratuita.

****SPANISH****

Kung kailangan mo ang impormasyon na ito sa iyong wika o sa isang alternatibong format (i.e. Braille, Large Print o Audio), mangyaring tumawag sa aming walang-bayad na numero 1-800-605-2556.

****TAGALOG****

Nếu bạn cần thông tin này trong ngôn ngữ của bạn hoặc trong một định dạng khác (ví dụ như chữ nổi, lớn In hoặc Audio), xin vui lòng gọi số điện thoại miễn phí của chúng tôi số 1-800-605-2556.

****VIETNAMESE****