

**IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) offered by
Inland Empire Health Plan (IEHP) Health Access**

Annual Notice of Changes for 2021

Introduction

You are currently enrolled as a member of IEHP DualChoice. Next year, there will be some changes to the plan's benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

A. Disclaimers

- ❖ IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- ❖ Coverage under IEHP DualChoice is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- ❖ Benefits and/or copays may change on January 1 of each year.

B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section E2 for more information.

If you choose to leave IEHP DualChoice, your membership will end on the last day of the month in which your request was made.

If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible

- You will have a choice about how to get your Medicare benefits (go to page 7 to see your choices).
- You will get your Medi-Cal benefits through a Medi-Cal managed care plan of your choice (go to page 8 for more information).

B1. Additional Resources

- **ATTENTION:** If you speak other languages, language assistance services, free of charge, are available to you. Call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.
- **ATENCIÓN:** Si usted prefiere comunicarse en un idioma que no es inglés, sin cargo, a su disposición. Llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), de 8am a 8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios de TTY deben llamar al 1-800-718-4347. La llamada es gratuita.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call IEHP DualChoice Member Services at



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- To make a standing request to receive materials in Spanish or in an alternate format, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.

B2. Information about IEHP DualChoice

- IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- Coverage under IEHP DualChoice is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/affordable-care-act/individuals-and-families for more information on the individual shared responsibility requirement.
- IEHP DualChoice is offered by IEHP Health Access. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means IEHP Health Access. When it says, “the plan” or “our plan,” it means IEHP DualChoice.

B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.



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- **Check to see if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with IEHP DualChoice:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 6 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2021.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.iehp.org. You may also call IEHP DualChoice Member Services at 1-877-273-IEHP (4347) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.



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	2020 (this year)	2021 (next year)
Vision Care	<p>We will pay for the following services:</p> <ul style="list-style-type: none"> • One routine eye exam every year; and • Up to \$100 for eyeglasses (frames and lenses) or up to \$100 for contact lenses every two years. 	<p>We will pay for the following services:</p> <ul style="list-style-type: none"> • One routine eye exam every year; and • Up to \$150 for eyeglasses (frames and lenses) or up to \$150 for contact lenses every two years.
Multipurpose Senior Services Program (MSSP)	<p>MSSP is a case management program that provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals.</p> <p>To be eligible, you must be 65 years of age or older, live within a site's service area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility.</p> <p>MSSP services include:</p> <ul style="list-style-type: none"> • Adult Day Care / Support Center • Housing Assistance • Chore and Personal Care Assistance • Protective Supervision • Care Management • Respite • Transportation • Meal Services • Social Services • Communications Services <p>This benefit is covered up to \$4,285 per year.</p>	<p>MSSP is a case management program that provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals.</p> <p>To be eligible, you must be 65 years of age or older, live within a site's service area, be able to be served within MSSP's cost limitations, be appropriate for care management services, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility.</p> <p>MSSP services include:</p> <ul style="list-style-type: none"> • Adult Day Care / Support Center • Housing Assistance • Chore and Personal Care Assistance • Protective Supervision • Care Management • Respite • Transportation • Meal Services • Social Services • Communications Services <p>This benefit is covered up to \$5,356.25 per year.</p>



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D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.iehp.org. You may also call IEHP DualChoice Member Services at 1-877-273-IEHP (4347) for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call IEHP DualChoice Member Services at 1-877-273-IEHP (4347) or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, see Chapter 9 of the *2021 Member Handbook* or call IEHP DualChoice Member Services at 1-877-273-IEHP (4347).
- If you need help asking for an exception, you can contact IEHP DualChoice Member Services or your care coordinator. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.

If IEHP DualChoice approves a formulary exception, IEHP DualChoice may not require you to request approval for a refill or a new prescription for the following year as long as you can continue to be a member of IEHP DualChoice. If you decide to stay with us next year, IEHP DualChoice may choose to continue coverage into the new benefit year.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2021. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier.

The following table shows your costs for drugs in each of our 3 drug tiers.



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	2020 (this year)	2021 (next year)
Drugs in Tier 1 <i>(generic drugs)</i> Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
Drugs in Tier 2 <i>(brand drugs)</i> Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
Drugs in Tier 3 <i>(Non-Medicare/Over-the-Counter drugs)</i> Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	\$0	\$0

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Cal MediConnect plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2021.

E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Cal MediConnect plan, or moving to Original Medicare.

How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Cal MediConnect plan:



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<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or, if you meet eligibility requirements and live within the service area, a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from IEHP DualChoice when your new plan's coverage begins.</p>
<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from IEHP DualChoice when your Original Medicare coverage begins.</p>



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<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from IEHP DualChoice when your Original Medicare coverage begins.</p>
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How you will get Medi-Cal services

If you leave our Cal MediConnect plan, you will continue to get your Medi-Cal services through IEHP Health Access unless you select a different plan for your Medi-Cal services. Your Medi-Cal services include most long-term services and supports and behavioral health care.

When you ask to end your membership in our Cal MediConnect plan, you will need to let Health Care Options know which Medi-Cal managed care plan you want to join. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 am to 6:00 pm. TTY users should call 1-800-430-7077.

F. How to get help

F1. Getting help from IEHP DualChoice

Questions? We're here to help. Please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347) (TTY only, call 1-800-718-4347). We are available for phone calls 8am-8pm (PST), 7 days a week, including holidays. Calls to these numbers are free.



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Read your 2021 Member Handbook

The *2021 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2021 Member Handbook* will be available by October 15. An up-to-date copy of the *2021 Member Handbook* is always available on our website at www.iehp.org. You may also call IEHP DualChoice Member Services at 1-877-273-IEHP (4347) to ask us to mail you a *2021 Member Handbook*.

Our website

You can also visit our website at www.iehp.org. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from the state enrollment broker

Health Care Options can help you if you have questions about selecting a Cal MediConnect plan or other enrollment issues. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 am to 6:00 pm. TTY users should call 1-800-430-7077.

F3. Getting help from the Cal MediConnect Ombuds Program

The Cal MediConnect Ombuds Program can help you if you are having a problem with IEHP DualChoice. The ombudsman's services are free. The Cal MediConnect Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is 1-855-501-3077.

F4. Getting help from the Health Insurance Counseling and Advocacy Program

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your Cal MediConnect plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/HICAP/.



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

F5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on "Find plans.")

Medicare & You 2021

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

F6. Getting help from the California Department of Managed Health Care

The **California Department of Managed Health Care** 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 **1-877-273-IEHP (4347) (TTY 1-800-718-4347)** and use your health plan's grievance process before contacting the Department. **Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.**

If you need help with a grievance involving an emergency issue, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

The Department also has a toll-free telephone number (**1-888-466-2219**) and a TTY line (**1-877-688-9891**) for the hearing and speech impaired. The Department's Internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.



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