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

If you have any questions regarding the Medi-Cal Member Handbook, please call the Customer Care Center at 1-888-285-7801, Monday through Friday, 7 a.m. to 7 p.m.

Page(s): Page 5
Section: Thanks for being an Anthem Blue Cross member!

Covered California 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 Anthem Blue Cross network. To learn more about this transition, please call our Customer Care Center at 1-888-285-7801 (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 Anthem Blue Cross or Medi-Cal.

If you have been told you need to pay a monthly premium, go to your county office or call 1-800-880-5305 or go to www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx to find out more.

Page(s): Page 6
Section: This handbook: Why is it important to me?

Customer Care Center
You can call the Customer Care Center when you:
- Need a new ID card
- 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 care
- Need a ride to a medical appointment
- Need an interpreter for your medical appointment
- Need a document from Anthem Blue Cross read in your language
- Have a problem you cannot resolve
- Get a bill from a doctor
- Want to change from Anthem Blue Cross to a different health plan or change from L.A. Care to a different HMO
- Aren’t sure who to call

The Customer Care Center’s toll-free number is 1-888-285-7801.

Page(s): Page 8
Section: Your rights and responsibilities

As an Anthem Blue Cross 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.

- **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 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 the right to decide how you want to be cared for if 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 information about your rights and responsibilities. You have the right to make recommendations about these rights and responsibilities.

As an Anthem Blue Cross member, you have a responsibility to:

- **Give up-to-date, accurate and complete information.** You’re responsible for giving correct information and as much information as you can to all of your providers and to Anthem Blue Cross. You’re 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’re responsible for talking over your health care needs with your doctor, and developing, and following and agreeing on goals and doing your best to understand your health problems, the treatment plans and instructions you and your doctor agree on.

Page(s): Page 10
Section: How to use your Anthem Blue Cross member ID card

You and every family member covered by Anthem Blue Cross received an Anthem Blue Cross member ID card. You’ll need to show your Anthem Blue Cross member ID card to access Medi-Cal services. The Anthem Blue Cross member ID card provides your effective date, the Participating Medical Group (PMG), 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. If you did not get a member ID card for a family member who is covered, call the Customer Care Center right away.

Page(s): Page 18
Section: Services covered by us

All health care services are reviewed, changed, approved or denied according to medical necessity. If you would like Call the Customer Care Center at 1-888-285-7801 (TTY 711) for a copy of the policies and procedures we use to decide if a service is medically necessary, call the Customer Care Center. 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.

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

Page(s): Page 19
Section: Services covered by us

Behavioral health treatment for Autism Spectrum Disorder

You do not qualify for BHT services if you:
- Are not medically stable; or
- 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.
Health education services

If you cannot make it to a class workshop or group appointment, an Anthem Blue Cross health educator will call you and talk to you over the phone. Some health topics include asthma, diabetes, heart health, chronic condition support, nutrition and exercise.

My Health In Motion™ is our online version of Health In Motion™. You can access health and wellness tools at any time from the comfort of your home. Complete your Health Appraisal to see your personalized wellness report. You can also connect with a virtual health coach, view healthy recipes, watch videos, and sign up for online wellness workshops. To visit My Health In Motion™, sign in to your L.A. Care Connect member account at https://members.lacare.org and click on the “My Health In Motion™” tab.

Transportation

To learn more about this benefit, call the Customer Care Center at 1-888-285-7801 (TTY 711).

Emergency transportation

Emergency transportation is covered for a member who believes it is necessary to stop or relieve sudden serious illnesses, symptoms, injury or conditions requiring immediate diagnosis and treatment. Emergency transportation or ambulance transport services provided through the "911" emergency response system will be covered in a medical emergency when a member believes it was medically necessary.

Nonemergency medical transportation

Nonemergency medical transportation (NEMT) to medical facilities is covered when your medical and physical condition does not allow you to take regular means of public or private transportation (car, bus, etc.) and you have a written approval from your doctor when you cannot get to your medical appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Examples of nonemergency medical transportation include, but are not limited to, litter/gurney vans, wheelchair vans, and ambulance. NEMT is an ambulance, litter van or wheelchair van. NEMT is not a car, bus or taxi. Anthem Blue Cross 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, Anthem Blue Cross will not pay for an ambulance. NEMT also includes nonemergency transportation for the transfer of a member from a hospital to another hospital or facility, or facility to home.

- Nonemergency medical transportation—NEMT is provided when the transportation is can be used when:
  o Medically necessary; and
To ask for NEMT, please call 1-877-931-4755 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 Anthem Blue Cross. 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 Anthem Blue Cross.

**Nonmedical transportation**
In addition, Anthem Blue Cross may provide members with nonmedical transportation (NMT). NMT is the transport of members to services and appointments by passenger car or taxi cabs.

You can use NMT when you are:
1) 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 following criteria as determined by Anthem Blue Cross:
   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.

Anthem Blue Cross 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. Anthem Blue Cross allows the lowest cost NMT type for your medical needs that is available at the time of your appointment.

If you need nonemergency medical transportation or nonmedical transportation, please call your doctor, or Anthem Blue Cross. To ask for NMT services, please call 1-877-931-4755 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. You must have approval to get these services before the services are given. No-cost interpreting
services, including American Sign Language, are available to assist you with your transportation benefit.

**Limits of NMT:**
There are no limits for getting a ride to or from covered medical appointments.

**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.
2) The service is not covered by Anthem Blue Cross. 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 Anthem Blue Cross.

**Exclusion:** Coverage for nonemergency public transportation, including transportation by airplane, passenger car, taxi, etc. is excluded. Transportation is not covered if the care or services to be obtained are not a Medi-Cal benefit.

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**Page(s): Page 32**
**Section: What other services can I get?**

**Additional benefits from Anthem Blue Cross**
Anthem Blue Cross provides five more benefits to our members, including those 21 and older:
- Speech therapy services – two sessions per month with evaluation and recommendation from a qualified licensed speech therapist
- Podiatry (foot) services if you are in a hospital outpatient department, at an organized outpatient clinic, at a federally qualified health center or rural health clinic
- Audiology (hearing) services
- Incontinence creams and washes
- Annual optometry (eye) exam for diabetic members

**Page(s): Page 34**
**Section: What other services can I get?**

**Services you cannot get through Medi-Cal or Anthem Blue Cross**
Some services are not covered by Anthem Blue Cross or Medi-Cal:
- Services not allowed by state and/or federal law
- Routine circumcision, unless medically necessary
- Cosmetic surgery (surgery performed to alter or reshape normal structures of the body in order to improve your appearance)
- Custodial care. Some custodial care may be covered under regular (fee-for-service) Medi-Cal. For more information about custodial care covered under regular Medi-Cal, call DPSS at 1-866-613-3777 (TTY 1-800-660-4026). You can find DPSS’ phone number under the Important Phone Numbers section of this handbook.
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 unhappy? section of this handbook.

- Infertility (diagnosis and treatment)
- Immunizations (shots) for sports, work or travel
- Nonmedical equipment
- Personal comfort items such as phones, television and guest tray when in the hospital
- Treatment for alcohol use disorders. If found to meet criteria for alcohol use disorder, the member will be referred to the alcohol and drug program in the county in which he/she lives for further evaluation and treatment.
- Mental health services for relational problems are not covered. This includes counseling for couples or families for conditions listed as relational problems as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text revision (DSM IV)

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

Anthem Blue Cross works with pharmacies in many neighborhoods. You must get your prescription medications (drugs) from a pharmacy in Anthem Blue Cross’ plan network. To get the most up-to-date information about the Anthem Blue Cross pharmacy network in your area, please visit our Pharmacy Center page on our website at www.anthem.com/ca/medi-cal or call the Customer Care Center at 1-888-285-7801 (TTY 711). A pharmacy list is also in the provider directory provided to you with this handbook or you can call the Customer Care Center for pharmacies in your neighborhood. You can also call the 24/7 NurseLine for answers to questions about medication.

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

What is a formulary?
The Anthem Blue Cross formulary uses a list of approved drugs called a “formulary,” is a preferred list of covered drugs, approved by the Anthem Blue Cross Formulary Review Committee. A committee of doctors and pharmacists reviews drugs to add or remove from the formulary every three months.

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 www.anthem.com/ca/medi-cal.
Drugs can be added to the formulary when they are all of the following:

- Approved by the Food and Drug Administration (FDA)
- Accepted to be safe and effective

**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 Anthem Blue Cross to get an OK to dispense a brand name drug if a generic is available.

Anthem Blue Cross 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 the Anthem Blue Cross Formulary Review 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.

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Section: Pharmacy benefits: How do I get prescription 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 Anthem Blue Cross and request prior authorization to get an OK.

Any drug not found in the formulary listing published by Anthem Blue Cross shall be considered a nonformulary drug. A prescriber may request an exception to coverage for a nonformulary 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.

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Section: Pharmacy benefits: How do I get prescription drugs?**

**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
- Nonformulary drugs, except with an OK from Anthem Blue Cross 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 an Independent Medical Review (IMR). You can learn more
An appeal is different from a grievance

The main differences between an appeal and a grievance are:

**With an appeal:**

- You have been denied a medical service and you are unhappy with the decision.
- You received a letter called a Notice of Action letting you know that your services have been denied.
- You received a Notice of Action letter from Anthem Blue Cross or a medical group. You have 90 calendar days from the date on the letter to file an appeal with Anthem Blue Cross.

**With a grievance:**

- You are unhappy or dissatisfied with the service or care given to you by your doctor, specialist, medical group, hospital, pharmacy or Anthem Blue Cross.
- You did not get a Notice of Action letter because there has not been a denial of medical services.
- You have up to 180 calendar days from the day you became unhappy to file a grievance with Anthem Blue Cross.

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<td>• You have up to 180 calendar days from the day of the service to file a grievance with L.A. Care.</td>
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**Section: Complaints: What should I do if I am unhappy?**

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 call the Customer Care Center and use your health plan’s grievance process before contacting DMHC. Utilizing this grievance procedure does not prohibit any your potential legal rights and possible remedies that may be available to you.

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**Section: Medi-Cal: How can I make sure I do not lose my coverage?**

**Involuntary disenrollments**

You will lose managed care coverage with Anthem Blue Cross, 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 Anthem Blue Cross (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 nongovernment or government-sponsored health coverage.
- You are in prison or jail.

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**Section: Getting involved: How do I participate?**

**L.A. Care public policy Advisory Committee**

L.A. Care has a public advisory committee you may join. As an Anthem Blue Cross member, you can join the L.A. Care public policy committee. This committee discusses member and health plan issues. To find out more, please call the Customer Care Center at 1-888-285-7801 (TTY 711).

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**Section: More important information: What else do I need to know?**
**Workers’ Compensation**
Anthem Blue Cross will not pay for work-related injuries covered by Workers’ Compensation. Anthem Blue Cross 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. Before Anthem Blue Cross will do this, you must agree to give Anthem Blue Cross all information and documents needed to recover costs for any services provided.

www.anthem.com/ca/medi-cal

Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

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<th>We can translate this at no cost. Call the customer service number on your member ID card.</th>
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