Chapter 11: Legal notices

[*Plans should refer to other parts of the Member Handbook using the appropriate chapter number and section. For example, "refer to* ***Chapter 9****,* ***Section A****." An instruction* [*insert reference, as applicable*] *appears with many cross references throughout the Member Handbook. Plans can always include additional references to other sections, chapters, and/or member materials when helpful to the reader*.]

Introduction

This chapter includes legal notices that apply to your membership in our plan. Key terms and their definitions appear in alphabetical order in the last chapter of this *Member Handbook*.

[Plans can include other legal notices, such as a notice of member non-liability or a notice about third-party liability, if they conform to Medicare and Medi-Cal laws and regulations.]

[Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]

Table of Contents

[A. Notice about laws 2](#_Toc199488785)

[B. Federal notice about nondiscrimination 2](#_Toc199488786)

[C. Notice about nondiscrimination for Medi-Cal 2](#_Toc199488795)

[D. Notice about Medicare as a second payer and Medi-Cal as a payer of last resort 3](#_Toc199488796)

[E. Notice about Medi-Cal estate recovery 3](#_Toc199488797)

# Notice about laws

Many laws apply to this *Member Handbook*. These laws may affect your rights and responsibilities even if the laws aren’t included or explained in this *Member Handbook*. The main laws that apply are federal and state laws about the Medicare and Medi-Cal programs. Other federal and state laws may apply too.

# Federal notice about nondiscrimination

We don’t discriminate based on race, ethnicity, national origin, color, religion, sex, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location within the service area. All organizations that provide Medicare Advantage plans, like our plan, must obey federal laws against discrimination, including Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, all other laws that apply to organizations that get federal funding, and any other laws and rules that apply for any other reason.

If you want more information or have concerns about discrimination or unfair treatment:

* Call the Department of Health and Human Services, Office for Civil Rights at 1‑800-368-1019. TTY users can call 1-800-537-7697. You can also visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for more information.

# Notice about nondiscrimination for Medi-Cal

We don’t discriminate or treat you differently because of your race, ethnicity, national origin, color, religion, sex, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location within the service area. In addition, we don’t unlawfully discriminate, exclude people, or treat them differently because of ancestry, ethnic group identification, gender identity, marital status, or medical condition.

If you want more information or have concerns about discrimination or unfair treatment:

* Call the Department of Health Care Services, Office for Civil Rights at 916-440-7370. TTY users can call 711 (Telecommunications Relay Service). If you believe that you’ve been discriminated against and want to file a discrimination grievance, contact [*plans insert contract information for discrimination grievance coordinator, include phone number, address for written complaints, in-person location, and website link for filing grievances*].

If your grievance is about discrimination in the Medi-Cal program, you can also file a complaint with the Department of Health Care Services, Office of Civil Rights, by phone, in writing, or electronically:

* By phone: Call 916-440-7370. If you can’t speak or hear well, please call 711 (Telecommunications Relay Service).
* In writing: Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413

Complaint forms are available at [www.dhcs.ca.gov/Pages/Language\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

* Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

If you have a disability and need help accessing health care services or a provider, call Member Services. If you have a complaint, such as a problem with wheelchair access, Member Services can help.

# Notice about Medicare as a second payer and Medi-Cal as a payer of last resort

Sometimes someone else must pay first for the services we provide you. For example, if you’re in a car accident or if you’re injured at work, insurance or Workers Compensation must pay first.

We have the right and responsibility to collect for covered Medicare services for which Medicare isn’t the first payer.

We comply with federal and state laws and regulations relating to the legal liability of third parties for health care services to members. We take all reasonable measures to ensure that Medi-Cal is the payer of last resort.

Medi-Cal members must utilize all other health coverage (OHC) prior to Medi-Cal when the same service is available under your health coverage sinceMedi-Cal is the payer of last resort. This means that in most cases, Medi-Cal will be the secondary payer to the Medicare OHC, covering allowable costs not paid by our plan or other OHC up to the Medi-Cal rate.

# Notice about Medi-Cal estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-For-Service and managed care premiums/capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an inpatient in a nursing facility or was receiving home and community-based services. Repayment can’t exceed the value of a member’s probated estate.

To learn more, go to the Department of Health Care Services’ estate recovery website at [www.dhcs.ca.gov/er](https://dhcs.ca.gov/er) or call 916-650-0590.