Chapter 11: Legal notices

**Introduction**

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

[**Note**: You may include other legal notices, such as a notice of member non-liability, a notice about third-party liability, or a nondiscrimination notice under Section 1557 of the Affordable Care Act. Such notices may be added only if they conform to Medicare laws and regulations.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section a, page 1." An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[*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.*]

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# Notice about laws

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

# Notice about nondiscrimination

Every company or agency that works with Medicare and Medi-Cal must obey the law. You cannot be treated differently because of your age, claims experience, color, creed, ethnicity, evidence of insurability, gender, genetic information, geographic location, health status, medical history, mental or physical disability, national origin, race, religion, or sex. [Plans may add language describing additional categories covered under state human rights laws.]

If you think that you have not been treated fairly for any of these reasons, call the Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697. You can also visit <http://www.hhs.gov/ocr> for more information.

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

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

We have the right and responsibility to collect for covered Medicare services for which Medicare is not the first payer.

The Cal MediConnect program complies with State and Federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. We will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

# Notice of Action

We must use the Notice of Action (NOA) form to notify you of a denial, termination, and delay or modification in benefits. If you disagree with our decision, you can file an appeal with our plan. For Medi-Cal services, you can ask for a State Hearing at the same time. [Plans with Medi-Cal products not subject to Knox-Keene licensure requirements should delete the following sentence.] You may have to file an appeal with our plan before you can ask for an Independent Medical Review (IMR), except in some cases. You will not have to pay for any of these proceedings.