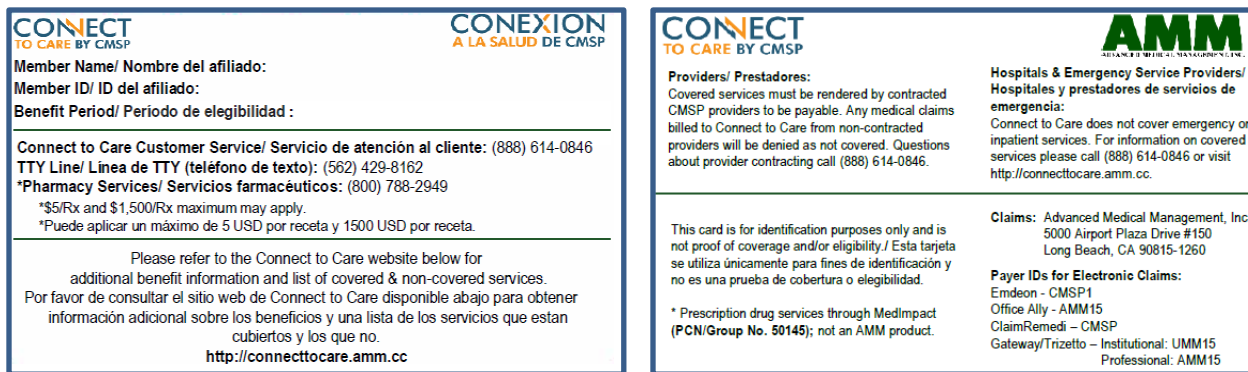


Welcome to the Connect to Care program by CMSP. This Member Guide provides important information about your Connect to Care benefit coverage and how to obtain covered health care services. Please review this Member Guide to learn about your benefit coverage and how to contact Advanced Medical Management (AMM), the administrator for Connect to Care medical benefits, if you have questions. This Member Guide also provides information on how to get prescription medications that are covered under your Connect to Care benefits and how to contact MedImpact Healthcare Systems, Inc. (MedImpact), the pharmacy benefit administrator for the Connect to Care Program. AMM does not administer Connect to Care pharmacy benefits.

Your Connect to Care ID Card is enclosed with this Member Guide. You will use this ID card when you seek health care services under the Connect to Care Benefit. Below is an example of a Connect to Care Benefit Member ID Card:



Your ID card includes the “benefit period” which are the dates your coverage is valid for Connect to Care. If you want to re-apply, you can do so within thirty days prior to the end of your benefit period so you don’t have a gap in coverage. You can re-apply through Connect to Care contracted community health centers. You’ll receive a new ID card when you complete the re-application process with a new “benefit period” of up to 6 months.

You should always carry your Connect to Care ID Card with you. It is your responsibility to show your providers your Connect to Care ID Card at the time you receive services. Your providers will use this card to identify you and verify your eligibility in the Connect to Care program.

Please note emergency services, inpatient services, dental services, and other services listed on page 3 are not covered by Connect to Care. For more information on obtaining coverage for these services please contact your local social services office. Connect to Care benefits are limited to primary care or specialist visits, adult preventative health screenings, selected lab and diagnostic tests performed by participating CMSP providers.

Your Connect to Care ID Card must be used only by you. Your Connect to Care Benefits may be reduced or your eligibility with Connect to Care may be discontinued if you let someone else use your Connect to Care ID Card. You may also be referred to law enforcement for prosecution.

What Is Covered

Connect to Care Benefit coverage includes the following benefits (limitations may apply):

Adult immunizations	Primary care or specialist office visits
Colorectal cancer screening	Routine screening laboratory testing
EKG, Osteoporosis, DEXA Scan	Screening for depression, alcohol misuse, obesity counseling (performed by a physician)
Mental Health Services (Mild to Moderate)	Screenings for HIV, HPV, Hepatitis B & C, STI Screenings
Outpatient Substance Abuse Disorder Services	Specified X-rays of head, neck, chest, trunk, upper and lower extremities
Prescription medications with a \$5 copay per prescription (up to \$500 per claim and \$1500 maximum benefit limit)	Tobacco use counseling and intervention (performed by a physician)
Preventative health screenings	Various in-office minor medical procedures

For a complete list of covered benefits, please visit the AMM website at:

<https://connecttocare.amm.cc/Home/Members>

- ✓ **Your benefit includes physicals, checkups, or other (non-emergency) medical office visits:** You can schedule visits with a contracted CMSP provider at no cost to you. Be sure to bring your Connect to Care ID Card with you to your medical appointment.
- ✓ **Lab Testing and Procedures:** A defined set of screening labs are part of the Connect to Care covered benefit at no cost to you. These tests must be done through a contracted CMSP provider.
- ✓ **Prescriptions:** Prescription drugs listed on the Connect to Care drug formulary are a covered Connect to Care benefit at an in-network pharmacy with a \$5.00 copay per prescription (up to a maximum of \$1500 in prescription drug benefits per eligibility period and \$500 per claim). Prescription drug services are administered by MedImpact. You may contact MedImpact at 1-800-788-2949 regarding this coverage or to locate an in-network pharmacy. You can also find out which pharmacies accept Connect to Care at <http://myconnecttocare.org>.
- ✓ **This card enables you to be seen by any CMSP contracted provider.** For more information on contracted providers please visit <https://connecttocare.amm.cc> or call (888) 614-0846.

What Is Not Covered

Specific services that are **NOT** covered by the Connect to Care Benefit include:

Acupuncture, including podiatry-related acupuncture services	Hospital inpatient and emergency room services
Breast and cervical cancer treatment services when covered by another benefit	Methadone maintenance services
Chiropractic care	Optometry services and eye appliances
Cosmetic procedures	Public transportation, such as airplane, bus, car or taxi rides
Dental services	Pregnancy-related and infertility services
Family planning services (including contraceptive-related visits) when covered by another coverage (F-PACT)	Any medical service not provided by a contracted CMSP Connect to Care provider

In addition, Connect to Care is the “payer of last resort” and is the secondary payer to state and federal health coverage programs. If you have HIV or AIDS, want family planning or infertility services, would like medication resources designed to help patients and caregivers, or have breast or cervical cancers:

- **California AIDS Drug Assistance Program (ADAP)** for HIV and AIDS medications (Call 1-844-421-7050)
 - **Family Planning, Access, Care and Treatment (Family PACT)** for family planning and infertility treatment (Call 1-916-650-0414)
 - **Medicine Assistance Tool (MAT)** (Visit <https://www.medicineassistancetool.org>)
 - **Breast and Cervical Cancer Treatment Program (BCCTP)** for breast and cervical cancer treatment services (Call 1-800-824-0088)
- ✓ **Restriction on Non-Contracted Providers:** Connect to Care will NOT pay for or reimburse you for any medical services provided to you when it is provided by a provider outside of the CMSP Connect to Care contracted network

How to Resolve a Problem with AMM, MedImpact or Connect to Care

Important Phone Numbers

Advanced Medical Management, Inc. Customer Service	(888) 614-0846
TTY Line for members with hearing or speech loss	(562) 429-8162
MedImpact Healthcare Systems, Inc. Prescription Drug Services*	(800) 788-2949
CMSP Governing Board – Medical Benefit Hearing	(916) 649-2631 Opt 3

*Prescription drug services through MedImpact (PCN/Group No. 50145); not an AMM Product.

✓ **If you have a question, complaint, or grievance about services with AMM or your Connect to Care provider, call AMM's Customer Service department at (888) 614-0846 Monday through Friday, 8 a.m. to 5 p.m.** In addition, we can also help you fill out a grievance or complaint form or mail a form to you. The form is also available on the AMM website at <http://connecttocare.amm.cc/Home/Members>.

✓ **Appeals:** If we send you a letter telling you that we are denying a service and you do not agree with our decision, you can file an appeal. Your authorized representative or provider can also file an appeal for you with your written permission. You must request an appeal in writing or by phone within 60 calendar days of the notification by AMM of the denied, reduced or terminated service. The AMM Appeals department may be reached at:

Connect to Care - Advanced Medical Management
Attention: Care Management - Member Appeals
5000 Airport Plaza Drive, Suite 150
Long Beach, CA 90815-1260
Phone: 1-888-614-0846
Fax: 1-562-766-2005

✓ **To Request a Medical Benefit Hearing:** If you file an appeal with Advanced Medical Management, Inc. (AMM) regarding a denial, reduction or termination of service by AMM and you are not satisfied with how AMM has resolved your appeal under the AMM appeals procedures, you have the right to request a Medical Benefit Hearing with the CMSP Governing Board. You must request a Medical Benefit Hearing within 30 calendar days of the notification by AMM of the appeal decision. You can request a Medical Benefit Hearing from the CMSP Governing Board at:

CMSP Governing Board
Attention: Medical Benefit Hearing
1545 River Park Drive, Suite 435
Sacramento, CA 95815
Phone: 1-916-649-2631, Option 3
Fax: 1-916-649-2606

✓ **Third Party Liability:** Please notify Connect to Care at **(888) 614-0846** of any health care services you receive as a result of an accident or injury caused by some other person's action or failure to act. This is called third party liability.