



Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) (SCFHP Cal MediConnect Plan) 2022 List of Durable Medical Equipment (DME List)

What is Durable Medical Equipment?

Durable medical equipment (DME) is certain items your doctor orders for you to use at home. Examples are walkers, wheelchairs, or hospital beds.

What equipment does my health plan cover?

SCFHP Cal MediConnect Plan will cover all medically necessary DME provided by a contracted vendor. Covered items include, but are not limited to: wheelchairs, crutches, hospital beds, nebulizers, oxygen equipment, intravenous (IV) infusion pumps, walkers and speech generating devices.

How do I use this list?

For some DME, we will only cover the brands and makers on this list. Refer to the next page. We will not cover other brands and makers unless your doctor or other provider tells us that you need a specific brand for medical reasons. Prior authorization may be required.

However, if you are new to SCFHP Cal MediConnect Plan and are using a brand of DME that is not on our list, we will continue to pay for this brand for you for up to 90 days. During this time, you should talk with your doctor to decide what brand is medically right for you after this 90-day period. (If you disagree with your doctor, you can ask him or her to refer you for a second opinion).

What if equipment I need is not on this list?

Items not on this list may still be covered. We will cover all medically necessary DME provided by a contracted vendor. Talk with your doctor if you have questions.

What if I need more information?

The *Member Handbook* provides details about your SCFHP Cal MediConnect Plan coverage and prior authorization requirements. See Chapter 4, "Benefits Chart."

If you need a copy of the *Member Handbook*, call Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. You can also find the *Member Handbook* on our website at www.scfhp.com.

Santa Clara Family Health Plan 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.

List of Durable Medical Equipment

Equipment	Brands/Makers
Blood pressure monitor	Omron 3 Series
Blood sugar monitor	Abbott FreeStyle Freedom Lite Abbott FreeStyle Precision Neo Abbott FreeStyle InsuLinx Abbott FreeStyle Lite Abbott Precision Xtra
Continuous glucose monitor	Abbott FreeStyle Libre
Test strips	Abbott FreeStyle Abbott FreeStyle Lite Abbott FreeStyle InsuLinx Abbott FreeStyle Precision Neo Abbott Precision Xtra

Discrimination is against the law. Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) (SCFHP Cal MediConnect Plan) follows State and Federal civil rights laws. SCFHP Cal MediConnect Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SCFHP Cal MediConnect Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SCFHP Cal MediConnect Plan between 8 a.m. to 8 p.m., Monday through Friday by calling 1-877-723-4795. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

**Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
1-877-723-4795 (TTY: 711)**

HOW TO FILE A GRIEVANCE

If you believe that SCFHP Cal MediConnect Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SCFHP Cal MediConnect Plan. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone**: Contact SCFHP Cal MediConnect Plan between 8 a.m. to 8 p.m., Monday through Friday by calling 1-877-723-4795. Or, if you cannot hear or speak well, please call 711.
- **In writing**: Fill out a complaint form or write a letter and send it to:

**Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119**

- **In person**: Visit your doctor's office or SCFHP Cal MediConnect Plan and say you want to file a grievance.

- Electronically: Visit SCFHP Cal MediConnect Plan's website at www.scfhp.com.
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OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot 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 http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

Español (Spanish): ATENCIÓN: Si habla español, hay servicios de ayuda de idiomas gratis disponibles para usted. Llame a Servicio al Cliente al 1-877-723-4795 (TTY: 711) de lunes a viernes, de 8 a.m. a 8 p.m. La llamada es gratis.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi đến Dịch Vụ Khách Hàng theo số 1-877-723-4795 (TTY: 711), từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Cuộc gọi là miễn phí.

中文 (Chinese) : 注意 : 如果您说中文 , 您可申请免费语言援助服务 。 请于星期一至星期五早上 8 点至晚上 8 点致电 1-877-723-4795 (TTY 用户请致电 711) 与客户服务部联系 。 本电话免费 。

Tagalog (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyong tulong sa wika na walang bayad. Tumawag sa Serbisyo para sa Mamimili sa 1-877-723-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Ang pagtawag ay libre.

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일 오전 8시부터 저녁 8시까지 1-877-723-4795 (TTY: 711)번으로 고객 서비스부에 연락해 주십시오. 통화는 무료입니다.

Հայերեն (Armenian). ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա լեզվական օգնության ծառայությունները Ձեզ կտրամադրվեն անվճար: Չանգահարեք հաճախորդների սպասարկման կենտրոն հետևյալ հեռախոսահամարով՝ 1-877-723-4795 (TTY: 711), երկուշաբթիից ուրբաթ՝ Ժ. 8:00 - 20:00: Չանգն անվճար է:

Русский (Russian): ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Службу поддержки клиентов по номеру 1-877-723-4795 (телетайп: 711), с понедельника по пятницу, с 8:00 до 20:00. Звонок бесплатный.

:(Farsi) فارسی

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک‌زبانی به‌صورت رایگان در دسترس شما قرار دارد. روزهای دوشنبه تا جمعه، از 8 صبح الی 8 شب، با واحد خدمات مشتریان به شماره 1-877-723-4795 (TTY: 711) تماس بگیرید. تماس با این شماره رایگان است.

日本語 (Japanese) : ご注意 : 日本語を話される場合、無料の言語支援サービスをご利用いただけます。カスタマーサービス 1-877-723-4795 (TTY : 711) までお電話下さい。サービス時間帯は月曜日から金曜日の午前 8 時から午後 8 時までです。通話は無料です。

Ntawv Hmoob (Hmong): LUS CEEV: Yog hais tias koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm tus xov tooj 1-877-723-4795 (TTY: 711), hnub Monday txog Friday, 8 teev sawv ntxov txog 8 teev tsaus ntu. Qhov hu no yog hu dawb xwb.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-877-723-4795 (TTY: 711) 'ਤੇ ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤੀਂ 8 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। ਕਾਲ ਕਰਨ ਦਾ ਪੈਸਾ ਨਹੀਂ ਲੱਗਦਾ।

:العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الاتصال بخدمة العملاء على الرقم 1-877-723-4795 (الهاتف النصي لضعاف السمع (TTY: 711) من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً. الاتصال مجاني.

हिंदी (Hindi): ध्यान दें: अगर आप हिंदी, भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। ग्राहक सेवा को 1-877-723-4795 (TTY: 711) पर, सोमवार से शुक्रवार, सुबह 8:00 से शाम 8:00 बजे तक कॉल करें यह कॉल निःशुल्क है।

ภาษาไทย (Thai): โปรดทราบ: หากท่านพูดภาษาไทย จะมีบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย ติดต่อศูนย์บริการลูกค้าได้ที่ 1-877-723-4795 (TTY: 711) ได้ในวันจันทร์ถึงศุกร์ เวลา 08.00 น. ถึง 20.00 น. ไม่มีค่าใช้จ่ายในการโทร

ខ្មែរ (Khmer): ជូនចំពោះ: ប្រសិនបើលោកអ្នកនិយាយភាសាសេវាជំនួយផ្នែកភាសាមានជួនលោកអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទមកផ្នែកសេវាកម្មអតិថិជនតាមលេខ 1-877-723-4795 (TTY: 711) ពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រម៉ោង 8 ព្រឹក។ ដល់ម៉ោង 8 យប់ ការហៅទូរស័ព្ទគឺឥតគិតថ្លៃ។

ພາສາລາວ (Lao): ໂບດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ໂທຫາສູນບໍລິການລູກຄ້າໄດ້ທີ່ເບີ 1-877-723-4795 (TTY: 711), ວັນຈັນ ຫາ ວັນສຸກ ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ໂທຟຣີ.

Mien (Mien): JANGX LONGX: Beiv taux meih benx gorngv ang gitv waac nyei mienh nor, duqv mbenc maaih nzie weih gong tengx wang-henh faan waac bun muangx maiv zuqc cuotv nyaanh, mbenc nzoih liouh bun meih longc. Douc waac daaih lorx taux nzie weih zipv kaeqv gorn zangc yiem njiec naaiv 1-877-723-4795 (TTY: 711), yiem naaiv liv baaiz yietv mingh taux liv baaiz hmz bouc dauh, yiem 8 diemv lungv ndorm ziagh hoc mingh 8 diemv lungv muonz. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc cuotv nyaanh oc.

Українська (Ukrainian): УВАГА: Якщо ви розмовляєте англійською мовою, ви можете безкоштовно скористатися доступними послугами перекладача. Телефонуйте до служби підтримки клієнтів за номером 1-877-723-4795 (телефонний пристрій із текстовим вводом [Teletype TTY]: 711), понеділок-п'ятниця, з 8:00 до 20:00. Дзвінок безкоштовний.