



State of California — Health and Human Services
Department of Health Care Services

P.O. Box 989009, West Sacramento, CA 95798-9850



JOHN SAMPLE
 1234 SAMPLE STREET
 ADDRESS 2
 ANYTOWN CA 90000

00/00/2014

Important Medi-Cal Changes that Impact You

Dear Medi-Cal Beneficiary:

In September, we mailed a letter telling you that Medi-Cal managed care is coming to your county on 12/1/14. This is because a recent change in state law requires you to join a managed care plan. A Medi-Cal Choice booklet was mailed to you in October.

If you don't choose a plan by 11/25/14, starting 12/1/14 you will receive your medical care through:

[Plan Name]

You have the right to change health plans anytime. Your health plan change starts the first of the next month if you make the change by 11/25/14.

How do I choose?

- You can do nothing and be enrolled in the plan above,
- You can call Health Care Options at 1-800-430-4263, Monday through Friday, from 8:00 a.m. to 5:00 p.m. The call is free. TDD: 1-877-430-7077; or
- You can enroll by mail. Mail the Choice Form from your Medi-Cal Choice booklet by 11/12/14.

What's different about managed care?

- You will get your health care from doctors, clinics, and other providers that work with the plan.
- You will have a regular doctor, called a Primary Care Physician (PCP).
- Your PCP will oversee your health care and refer you to any other health care provider for services you may need.
- You can talk with the plan about your care and they can help you find the services you need.

Will managed care cost money?

No. Just like now, you will not pay anything for your health care with Medi-Cal managed care. Your Medi-Cal benefits will stay the same.



Can I keep the doctor I have now?

You can call the plan to see if your doctor works with them or go to www.healthcareoptions.dhcs.ca.gov/HCOCS/PINSearch/Default.aspx. If your doctor does not work with either plan, you may be able to keep seeing that doctor for up to twelve months if the doctor and the plan agree to work together. Ask your doctor to contact the plan or call them. In some cases, you may be able to continue seeing your doctor even longer if you have a specific health condition. Under certain conditions, you might qualify to remain in regular Medi-Cal.

You and your doctor must file a Medical Exemption Request (MER) to remain in regular Medi-Cal. This form was included in the enrollment packet you received in early October. Clinical staff will review your request and make a determination. You will be notified of the decision. For more information about continuing care with your doctor who does not work with the plans, go to www.dhcs.ca.gov/services/Pages/ContinuityOfCare.aspx

Read the Frequently Asked Questions included with this letter to learn more.

Please do not call your eligibility worker about these changes. This change does not affect your eligibility.



Frequently Asked Questions

About the move from regular Medi-Cal to Medi-Cal Managed Care

Read this to find out about Medi-Cal Managed Care services and learn about important phone numbers you may need.

What is Medi-Cal Managed Care?

The Medi-Cal program has two ways to get your health care services: Regular Medi-Cal (Fee-for-Service) or Managed Care. In Managed Care, a health plan provides services through established networks of organized systems of care, which emphasize primary and preventive care.

You will be required to be in a managed care health plan to receive medical services starting 12/1/14, this change is due to a recent change in state law that requires you to join a managed care plan.

What are the choices?

In your county, the Medi-Cal managed health plans are California Health and Wellness and Anthem Blue Cross. You choose the health plan that is best for your health care needs.

Will your Medi-Cal benefits change?

No. Your Medi-Cal benefits will stay the same.

Do you have to pay for your health care?

No. You will not have to pay for your health care.

Can you keep the doctor you have now?

Maybe, if your doctor works with your new health plan. Ask your doctor or new health plan if they work together. If they do, you will be able to keep the doctor you have now. If your doctor does not work with either plan, you may be able to keep seeing that doctor for up to twelve months if the doctor and the plan agree to work together. In some cases, you may be able to continue seeing your doctor even longer if you have a specific health condition. Under certain conditions, you might qualify to remain in Regular Medi-Cal.

You and your doctor must file a Medical Exemption Request (MER) to remain in Regular Medi-Cal. This

form was included in the enrollment packet you received in early October. Clinical staff will review your request and make a determination. You will be notified of the decision. For more information about continuing care with your doctor who does not work with the plans, go to: www.dhcs.ca.gov/services/Pages/ContinuityOfCare.aspx

What services are covered?

This booklet will tell you more about what services are covered by the plan and what services will be covered by Regular Medi-Cal; including medical visits, prescription drugs, dental, vision, mental health services, alcohol and drug treatment, and other behavioral health services.

Can you keep appointments, treatments, or surgeries that are already scheduled?

Call your new health plan about your current medical services schedule. You can ask to keep seeing your doctor if:

- you are in treatment now for a medical condition
- you are scheduled for surgery
- you are pregnant or have just given birth

You can ask your new health plan to let you keep going to the doctor who is treating you now, even if that doctor does not work with your new health plan. Your doctor must be willing to work with the plan.

Can I get all covered services from my new health plan?

Some services will still be covered by Regular Medi-Cal. Your new health plan will help you find services they do not cover, but that Regular Medi-Cal does.

Where will you get medical services?

You will get medical services through your new health plan.

Medi-Cal managed care health plans such as California Health and Wellness and Anthem Blue Cross have their own doctors, specialists, pharmacies, and hospitals. Your new health plan phone number is in the back of this booklet. For services not covered by the health plan, your new health plan will help coordinate services for you, including:

Dental Services

Denti-Cal will provide dental services. You may see any dentist that accepts Denti-Cal.

Mental Health Services

If you need mental health services, please talk with your new health plan or your doctor. If your new health plan can't cover your needs, they will refer you to a mental health specialist or to the Medi-Cal mental health plan in your county.

If you are receiving mental health services now, your new health plan may keep providing services. If the service is not covered by the plan, you will receive services from a Medi-Cal doctor or mental health specialist in the county who is not in the plan.

If you receive mental health services from the county mental health department now, the county will continue to provide you with mental health services in coordination with your new plan.

You can also call the DHCS Mental Health Ombudsman line at 1-800-896-4042, Monday to Friday, 8 a.m. to 5 p.m.

Alcohol and Drug Treatment Services

If you need alcohol or drug treatment services, your new health plan will help you find a provider.

Covered services include:

- Outpatient group and individual counseling
- Intensive services
- Narcotic treatment services for persons age 18 or older
- Detox services in a hospital

California Children's Services (CCS) Program

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 who qualify.

Here are some examples of chronic conditions which would make a child qualify for CCS services:

- cystic fibrosis
- hemophilia
- cerebral palsy
- heart disease
- cancer

CCS also provides medical therapy services at public schools.

If your child is receiving CCS services now, nothing will change. Your child will get the same CCS services.

If you have questions about CCS, please call your local CCS program or use the link below to find a list of local CCS programs: www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx

If you have questions about keeping or getting any of these services for your child, please call the doctor or your new health plan. The health plan phone number is in the back of this booklet.

Where can you call with changes to your information?

Your local county social services or Medi-Cal office will help you keep your information up to date. Call them to report address and phone number changes, or to ask questions about annual eligibility reviews and general Medi-Cal assistance. Or visit the website www.benefitscal.org/ for more information.

Can you change your managed care health plan?

Yes. You may choose a different managed care health plan at any time. For more information, call Health Care Options at 1-800-430-4263.

If you or your family member(s) have any questions, call Health Care Options toll-free at the numbers listed below:

LANGUAGE	TELEPHONE	LANGUAGE	TELEPHONE
English	1-800-430-4263	Korean	한국어 1-800-576-6883
Arabic	اللغة العربية 1-800-576-6881	Mandarin	國語 1-800-576-6885
Armenian	Հայերեն 1-800-840-5032	Russian	Русский 1-800-430-7007
Cambodian	ភាសាខ្មែរ 1-800-430-5005	Spanish	Español 1-800-430-3003
Cantonese	粵語 1-800-430-6006	Tagalog	Tagalog 1-800-576-6890
Farsi	فارسی 1-800-840-5034	Vietnamese	Tiếng Việt 1-800-430-8008
Hmong	Hmoob 1-800-430-2022	Other Languages	1-800-430-4263

TTY/TDD 1-800-430-7077

What if you have more questions?

You may call the Medi-Cal Managed Care Office of the Ombudsman at 1-888-452-8609, Monday to Friday, from 8 a.m. to 5 p.m. or visit the website at: www.dhcs.ca.gov/services/medi-cal/Pages/MMCDOfficeoftheOmbudsman.aspx

Denti-Cal Beneficiary Customer Service
1-800-322-6384 • www.denti-cal.ca.gov

DHCS Mental Health Ombudsman
1-800-896-4042 • www.dhcs.ca.gov/services/mh/Pages/MHOmbudsmanSrvcs.aspx

Call for any of these reasons:

- To ask for help with your Medi-Cal Managed Care health plan, doctor, or clinic.
- To get advice about what to do if you do not agree with your treatment or services.

For questions about your health plan, doctor, dental services, mental or behavioral health services, here are some other important numbers.

Anthem Blue Cross
1-800-407-4627 • www.anthem.com

California Health and Wellness
1-877-658-0305 • www.cahealthwellness.com