[Date]

[Health Plan Name]

[Mailing Address]

[City, State ZIP Code]

Department of Health Care Services

Jim Jacobson, SUD-PTRSD, MS 2628

P.O. Box 997413

Sacramento, CA 95899-7413

Jim.Jacobson@dhcs.ca.gov

**Medicare Advantage Plan, Substance Use Disorders Coverage Certification**

[County Name] contacted us about sending this letter. This letter is meant to simplify the claiming process for Drug Medi-Cal (DMC) substance use disorder services provided to Medicare/Medi-Cal dual-eligible beneficiaries. This simplified process is described in the Mental Health and Substance Use Disorder Services, Information Notice 15-001.

[Health Plan Name] acknowledges that our Health Plan does not cover substance use disorder services. This letter confirms that for calendar year(s) [enter year and prior years, if applicable and needed for claiming prior year services] the [Health Plan Name] (Federal Contract #[Federal Contract Number]) does not cover the substance use disorder treatment services identified by the marked boxes below.









If you require additional information or wish to discuss this information further, please contact [Health Plan Contact Person Name] at [Email Address] or [Phone Number].

Sincerely,

[Health Plan Chief Executive Officer Name]

Form Version: 11/18/14