August 21, 2001

TO:  
(X) Two-Plan Model Plans  
(X) Geographic Managed Care Plans  
( ) County Organized Health System Plans  
( ) Fee-for-Service Managed Care

SUBJECT: HEALTH PLAN CHOICE REMINDERS (ANNUAL RENOTIFICATIONS)

The purpose of this letter is to provide Medi-Cal Two-Plan Model and Geographic Managed Care plans (plans) with a copy of the Health Plan Choice Reminder Notice (Notice) being sent to managed care members in accordance with the Balanced Budget Act of 1997, Section 4701. The Notice was developed in collaboration with the Medi-Cal Managed Care Advisory Group. A copy of the English version of the Notice is enclosed.

Notices are mailed out based on the criteria below:

- Notices will be sent to members who have been enrolled in the same plan for at least ten continuous months;
- Notices will be addressed to case heads and will include names of all household members who have been enrolled for at least ten consecutive months; and
- Notices will contain a postage-paid “tear off” postcard addressed to Health Care Options (HCO) for members who wish to request enrollment packets.

Effective the week of May 7, 2001, MAXIMUS commenced mailing 50,000 Notices per week to all members who had been in the Medi-Cal Managed Care program for 10 months continuously or more. This initial mailing was completed over a 12 week period, and included a random selection methodology to ensure equitable distribution among health plans. The first six mailings were sent to all English-speaking members. Mailing of Notices in threshold languages began in June 2001.
Following completion of the initial release of Notices, expected during the month of August 2001, annual Notices will be mailed to members on an ongoing basis, staggered throughout the year. This is expected to begin in April 2002.

It is difficult to predict the rate of member response to the Notices. Health plans should, however, be prepared to accommodate increased needs for health plan materials and an increased number of calls to their Member Services Departments.

As you may be aware, there is only one managed care plan operational in Stanislaus County; as such, Notices will not be sent out to residents in this county.

If you have any questions, or need additional clarification, please contact your contract manager.

Sincerely,

Cheri Rice, Chief
Medi-Cal Managed Care Division

Enclosure
bcc: Ms. Linda Minamoto  
Associate Regional Administrator  
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Division of Medicaid  
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bcc:  Ms. Vivian Auble  
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     Mr. Winston Mesaku,  
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     Children's Medical Services Branch  
     Primary Care & Family Health Division  
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     Ms. Laura Blank, Chief  
     Office of Clinical Standards and Quality  
     Medi-Cal Managed Care Division  
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bcc: Mr. Luis R. Rico, Chief
Plan Monitoring/Member Rights Branch
Medi-Cal Managed Care Division
8/650

Ms. Vickie Orlich
Acting Chief
Policy & Program Development Branch
Medi-Cal Managed Care Division
8/650

Mr. Roberto Martinez, Chief
Medi-Cal Policy Division
8/1561

Ms. Carolyn Pierson, Chief
Plan Management Branch
Medi-Cal Managed Care Division
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Health Care Options Section
Payment Systems Division
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Sacramento, CA 95827
bcc:  Ms. Jan Inglish, Chief
      Medical Review Branch – San Francisco
      Audits and Investigations
      591 North 7th Street, 1st Floor
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DEPARTMENT OF HEALTH SERVICES
714 P Street, Room 650
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Family member(s) →
JOE SAMPLE1
JOE SAMPLE2
JOE SAMPLE3
JOE SAMPLE4
JOE SAMPLE5
JOE SAMPLE6
JOE SAMPLE7
JOE SAMPLE8
JOE SAMPLE9
JOE SAMPLE10
JOE SAMPLE11
JOE SAMPLE12
JOE SAMPLE13
JOE SAMPLE14
JOE SAMPLE15

Health Plan Choice Reminder

This is a reminder that you or your family members can choose any of the Medi-Cal Managed Care health plans in the area where you live. Family members can choose different plans. You can change your health plan now or at any time.

If you and your family members are happy with your health plan(s), and you want to stay in your current plan: **You do not need to do anything.**

If you want to change plans:

♦ Return the attached card to get a packet. This packet will have forms and other materials needed to change plans.
♦ If you have questions, or need someone to help you change plans, please call Health Care Options:

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>TELEPHONE</th>
<th>LANGUAGE</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH &amp; LANGUAGES NOT LISTED</td>
<td>1-800-430-4263</td>
<td>HMOOB (Hmong)</td>
<td>1-800-430-2022</td>
</tr>
<tr>
<td>ԱՆՆՈՒՅՆ (Armenian)</td>
<td>1-800-840-5032</td>
<td>ԼԱՏԻՆ (Laotian)</td>
<td>1-800-430-4091</td>
</tr>
<tr>
<td>ភាសាខ្មែរ (Cambodian)</td>
<td>1-800-430-5005</td>
<td>РУССКИЙ (Russian)</td>
<td>1-800-430-7007</td>
</tr>
<tr>
<td>中文 (Chinese)</td>
<td>1-800-430-6006</td>
<td>ESPAÑOL (Spanish)</td>
<td>1-800-430-3003</td>
</tr>
<tr>
<td>فارسی (Farsi)</td>
<td>1-800-840-5034</td>
<td>VIÊT (Vietnamese)</td>
<td>1-800-430-8008</td>
</tr>
</tbody>
</table>

For TDD users call 1-800-430-7077

Other places to get help with managed care questions or problems:

♦ Member Services Section of your health plan.
♦ Office of the Ombudsman at 1-888-452-8609.

Please tell your county worker and your health plan if you move or change your phone number.
HEALTH PLAN ENROLLMENT/DISENROLLMENT POSTCARD

☐ Please send me a Health Care Choice Packet and choice Form.

☐ 名称
(ARM)

☐ ญี่ปุ่น
(CAM)

☐ 請將此資料的中文本寄給我。
(CHI)

☐ لطفاً اطلبوا رأي في برامج الرعاية الصحية
(FAR)

☐ Thov xa cov ntaub ntawv no uas lus Hmoob tuaj rau kuv.
(HMO)

☐ ທະຫາວິດທີ່ຂາຍນັ້ນເປັນຊີວິດທີ່ຈາກລາວ.
(LAO)

☐ Пожалуйста передайте мне эту информацию на русском языке.
(RUS)

☐ Por favor envíe esta información en español.
(SPA)

☐ Xin gửi cho tôi chi tiết này bằng tiếng Việt.
(VIE)

Name

Address

City State Zip

Please fill in the information above.